

## SECTION 6 – BUDGET INSTRUCTIONS

### CMS Budget Instructions General Information and Descriptions for all CMS Budgets

#### I. General Information

- A. All CMS administrative budgets are composed of the following five major line items:

1. Personnel Expenses
2. Operating Expenses
3. Capital Expenses
4. Indirect Expenses
5. Other Expenses

(See Definitions and Guidelines on page 6-6).

- B. **All** CMS budget submissions must include a budget detail worksheet, budget summary, budget justification narrative, and if applicable, County/City Capital Expenses Justification Form or County/City Other Expenses Justification Form.

- C. List specific line items for individual staffing positions, services, supplies, and other operating expenses on the budget worksheet.

- D. Round all amounts, **except totals**, to the nearest dollar.

If the calculation results in **50 cents or more**, then **round up to the next whole number**, e.g., \$3,009.52 is rounded up to \$3,010.

If the calculation results in **less than 50 cents**, then **round down to the next whole number**, e.g., \$5,110.43 is rounded down to \$5,110.

- E. **Do not round totals.** The amounts used to calculate the totals have already been rounded up or down. When calculating total amounts, add the amounts in the column down or in the line across.

Using the examples from 1.D. above, the total is \$8,120.

Calculation X	\$ 3,010
Calculation Y	<u>5,110</u>
	\$ 8,120

- F. Staff for whom enhanced Title XIX (Medicaid) funding is budgeted must be county/city employees.

- G. Use an acceptable accounting distribution method (e.g., square footage for rent or historic charges for telephone numbers assigned to the program) to determine rent, utilities, and communications costs. Allocate these costs to each budget

based on full time equivalent (FTE) ratios when the same staff is included on more than one budget, when staff work for more than one program, and when direct charges cannot be otherwise determined.

- H. Local programs charging Indirect Expenses must include such costs in all budgets.
- I. The Budget Summary must be signed by the department fiscal officer and a county/city official with authority to sign on behalf of the local jurisdiction (for the CHDP Program, the CHDP Director has regulatory authority to sign program documents). An original signature is required. Signature stamps are not acceptable.
- J. Highest rate of pay in salary range is to be used. If a lower rate is used, please explain in budget justification narrative.
- K. All requests for budget revisions must be submitted to the Regional Office Administrative Consultant/Analyst no later than six months (December 31) after the end of the fiscal year. Budget revision requests received after December 31 for the previous fiscal year will not be accepted.
- L. A budget justification narrative must accompany each budget worksheet and budget summary and must justify budget line items, e.g.:
  - 1. The basis of formula used to determine travel costs, rent, etc.
  - 2. Increases/decreases in FTE and enhanced/nonenhanced time
  - 3. Significant increases/decreases in line item amounts
  - 4. Identify all new, changed, or eliminated positions or changes in duties
  - 5. Staff benefits and indirect cost plan

## II. **CMS Budget Description**

### A. CHDP Administrative Budgets

- 1. **CHDP Administrative Budget (No County/City Match)** – represents the local program's estimate of administrative expenditures for CHDP and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program for the fiscal year given the available State funding.

The CHDP Administrative Budget is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses. This budget is funded through the State General Fund and Medi-Cal State/Title XIX Federal Funds.

- 2. **CHDP Administrative Local Match Budget (County/City Match)** – a CHDP Program may request additional funding through submission of a CHDP Administrative Local Match Budget (County/City Match) when the

program is requesting federal matching funds to augment local program funds. The additional funds enable the local program to perform activities dedicated to Medi-Cal beneficiaries meeting the federal EPSDT Program mandates over and above those funded through the CHDP Administrative Budget (No County/City Match) allocation.

The CHDP Administrative Local Match Budget (County/City Match) is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses. This budget is funded through county/city and Title XIX Federal Funds.

3. **Foster Care Administrative Local Match Budget (County/City Match)**  
A CHDP Program may request additional funding for staff working in support of children and youth in out-of-home placement or foster care through the use of the Foster Care Administrative Budget (County/City Match). Local county/city funds, specified on the budget category summary sheet, are matched with federal funds to augment local program activities. The five major line items of this optional budget are: Personnel Expenses, Operating Expenses, Indirect and Other Expenses. This budget is funded through county/city and Title XIX Federal Funds.

B. CCS Administrative Budgets

1. **CCS Administrative Budget** – represents a county request for CCS program funding for administrative costs. The CCS Administrative Budget is based on a county's caseload applied to a staffing standard. The CCS Administrative Budget is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses. Funding for the percentage of the non-Medi-Cal portion of the CCS caseload is shared 50/50 between the county and State General Fund monies. The Medi-Cal portion of the caseload is funded with State General Fund and Title XIX Federal Funds.

Included in the Personnel category is a county's request for funding administrative Skilled Professional Medical Personnel (SPMP) costs in accordance with the Federal Financial Participation guidelines. Funding is based on the requested number of SPMP to serve the CCS Medi-Cal caseload in the following specific areas: concurrent hospital review, intensive medical case management, liaison activities with Medi-Cal managed care systems, and early childhood coordination.

2. **Medical Therapy Program (MTP) Claims Preparation Budget** – reimburses counties at 50 percent of actual costs of Medi-Cal claims preparation for therapy services provided at a Medical Therapy Unit (MTU). Only county CCS programs with MTUs that have been certified as Outpatient Rehabilitation Centers (OPRC) may request this budget. The MTP Claims Preparation Budget is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses. This budget is funded by the State General Fund and County Funds.

C. HCPCFC Administrative Budget

**Health Care Program for Children in Foster Care (HCPCFC) Budget –** represents the local program's estimate of administrative expenditures for the HCPCFC for the fiscal year given the available state funding. It is comprised of three major line items: Personnel Expenses, Operating Expenses, and Indirect Expenses. State General funds matched with federal Medicaid, Title XIX funds are the source of funds for this program.

## Budget Tips

The items listed below will assist in the preparation of budgets. This list represents common mistakes that CMS staff have noted in the review of local program budgets.

- I. **Double-check the math.** The figures for both percentages and calculated amounts must add down and across.
- II. Annual salaries must match when the same personnel are listed on multiple budgets.
- III. FTEs on the duty statement must match FTEs on the budget worksheet and incumbent listing.
- IV. No staff total time can exceed 100 percent.
- V. No full-time FTE in a single program can be 100 percent enhanced.
- VI. Line item amounts on the budget worksheets and budget justification narrative must match.
- VII. A "Capital Expenses Justification Form" must be submitted for items of equipment purchased with CMS Program funds that exceed \$5,000 per item (see page 6-12).
- VIII. Staff must be appropriately classified under enhanced and nonenhanced in accordance with the duty statements.
- IX. Staff listed on the budget worksheet must correspond with the incumbent listing and organizational chart.
- X. Enhanced clerical staff must be supervised by SPMP.
- XI. A CHDP Director who is also the County Health Officer cannot be included on the CHDP budget.
- XII. On the MTP Claims Preparation Budget:
  - A. Travel and training cannot be included
  - B. Professional staff cannot be included
  - C. Electronic communication devices (pagers, voice mail, etc.) cannot be included.
- XIII. The Budget Summary must be signed by the department fiscal officer and a county/city official with authority to sign on behalf of the local jurisdiction;
  - A. For the CHDP Program, the CHDP Director has regulatory authority to sign program documents.
  - B. An original signature is required. Signature stamps are not acceptable.

## Definitions and Guidelines

The five major line items for each budget are identified and defined below:

- I. **Personnel Expenses** – Includes county/city staff salaries, wages, and benefits.
  - A. Local program staff assigned to work on any of the CMS programs and for whom salary, wages, benefits, and bilingual or any other differential expenses are claimed through the appropriate CMS budgets. Detailed information, including specific classifications, percentages of time, and incumbents' names, are included on the budget worksheet.
  - B. Time base and personnel expenses are calculated using total full-time annual salary per position. For a position allocated to more than one budget, the same annual salary must be used on each budget.
  - C. Percentages of time for positions allocated to multiple budgets cannot exceed 100 percent of the time base for those positions, e.g., one full-time position cannot be shown as 50 percent on a CHDP budget, 50 percent on a CCS budget, and 20 percent on a HCPCFC budget.
  - D. Percentages estimates for staff benefits may be budgeted based on actual dollar amounts.

- II. **Operating Expenses** – Includes expenses such as travel, training, space rental, office supplies, and furniture.

- A. Personnel Travel (includes per diem, commercial auto rental, motor pool, air travel and private vehicle mileage, etc.).

**NOTE:** All training costs (e.g., registration fees and tuition) must be included under "Training"

- 1. Allowable in-state travel expenses are those necessary to administer CMS programs, provide case management services, attend State-required meetings, and participate in training workshops.
    - 2. No travel outside the State of California shall be reimbursed unless prior written authorization is obtained from the State.
    - 3. The following documentation must be maintained at the local level to support travel expenditures:
      - a. Purpose of travel,
      - b. Travel expense documents, and
      - c. Total cost.
    - 4. Travel costs incurred by county/city Program staff are reimbursed at the county/city designated rate.

B. Personnel Training

**NOTE:** All travel costs (e.g., per diem, mileage, etc.) related to training must be included under "Travel."

1. Training/conference registration and tuition fees are specifically for events relevant to CMS programs.
2. The following documentation must be maintained at the local level to support training expenditures:
  - a. Description of training course or conference,
  - b. The required training log for SPMP claiming Title XIX funds,
  - c. Justification for attendance,
  - d. Total cost, and
  - e. Confirmation of attendance.

C. Space Rental

1. Direct costs for rental of space needed to conduct CMS programs may be budgeted as either "Operating Expenses" or "Indirect Expenses."
2. Space rental costs are determined by total square feet and cost per square foot or other calculation methodology. Common and shared space costs are prorated among program users.

D. Office Supplies

1. Personal computers, printers, cabling, surge protectors, etc., and commercially available software of less than \$5,000 per unit cost.
2. Miscellaneous office supplies such as pens, pencils, paper, staplers, etc.

E. Furniture

1. Costs of small office furniture and small office machines which do not meet the definitions of "capital expenses" equipment below.
2. Costs of modular office furniture work stations.
3. Costs of individual replacement parts (for a unit of equipment) having a base unit cost of less than \$5,000 (excluding tax, delivery, and installation charges).

F. Any other operating expenses not noted above and not included in the Indirect Expenses with overhead costs may be listed as an expense line item (e.g. liability and malpractice insurance).

III. **Capital Expenses** – Includes tangible property (equipment).

- A. Equipment with a unit cost of \$5,000 or more (excluding tax, delivery, and installation charges) and a useful life of four years or more.
- B. Automated Data Processing (ADP) hardware with a unit cost of \$5,000 or more.
- C. A unit of equipment and ADP hardware shall be defined as all connecting parts, modifications, attachments, or auxiliary apparatus necessary to make it usable.
- D. Miscellaneous equipment such as personal computers, printers, cabling, surge protectors, etc., and commercially available software of less than \$5,000 per unit cost is not defined as equipment and shall **not** be budgeted in the "Capital Expenses" line item. These items shall be budgeted as office supplies and detailed on a budget worksheet under "Operating Expenses."
- E. Considerations for Approval of Request for Computers in CHDP and CCS Budgets:
  - 1. Does the number of computers correspond to program FTEs?
  - 2. Is the county on, or transitioning to, CMS Net?
  - 3. When was the last request for computers?
  - 4. What is the intended use of the equipment? (Is it appropriate for classification(s) and duties?)
- F. Written justification for capital expenses must be submitted with the CMS Plan and Budget package and approved by CMS prior to expenditure of State funds. See County/City Capital Expenses Justification Form, page 6-12.
- G. A county/city with an established procurement system may use its system to make equipment purchases of up to \$50,000 as allowed in Health and Safety Code, Subsection 1033, Section 38078.5 (Statutes of 1993). However, the system must be described when requesting state approval of the purchase and State authorization must be received in writing by the local agency prior to the purchase(s).
- H. If the entire line item totals \$50,000 or more, all items of equipment included in the line item are subject to procurement for the local agency by the State. Contact your CMS Regional Office for guidance before purchasing.
- I. All equipment requested for purchase with State funds shall be the property of the State and shall be subject to the provisions listed below.
  - 1. State property shall be used only to conduct business related to programs funded by CMS.
  - 2. The county/city is required to maintain and administer, in accordance with sound business practice, a program for the utilization, maintenance,



repair, protection, and preservation of State property to assure its full availability and usefulness.

3. The county/city is required to submit, upon request, an annual inventory of equipment purchased with State funds.
4. Specific instructions on managing and invoicing equipment purchased with State funds are found in Section 8.

- J. Other expenses associated with relocation may be Capital Expenses. Consult your regional office for guidance.

IV. **Indirect Expenses** – Includes all internal and external administrative overhead costs including county/city and departmental overhead costs. External administrative overhead allocations must have an approved plan on file with the State Controller's Office. Internal administrative overhead costs must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87".

- A. County/city agencies must maintain internal records supporting indirect costs. The county/city must maintain documentation of methods for claiming internal and external overhead. This information shall be readily available for review by the CMS Branch.
- B. Indirect cost rates may be applied to Total Salaries and Wages or Total Personnel Expense, depending upon the base used by the county/city to develop the approved rate.

V. **Other Expenses** – Other expenses not defined above include:

- A. Subcontractors/consultants shall be used only for activities directly related to CMS program(s). The use of subcontractors/consultants must be clearly described. Complete the County/City Other Expenses Justification Form (see page 6-13) for subcontract/consultant services. Local programs shall notify CMS staff at the CMS Regional Office of any proposed use of subcontractors/consultants to ensure that appropriate State and federal requirements regarding such agreements are met. All employees with paid benefits including bilingual or other differentials shall be included under Personnel Expense. Paid benefits are vacation, sick leave, health/medical insurance, worker's compensation, social security, etc.
- B. Maintenance and transportation is a line item that was first included during FY 2000-01. Inclusion of this line item changed the reimbursement of the CCS Maintenance & Transportation benefits to an administrative cost. County CCS programs that include an anticipated expenditure on the CCS Administrative Budget may claim actual expenditures incurred by CCS clients to provide the maintenance and transportation benefit allowed in federal Medi-Cal regulations and defined in CCS Numbered Letter 01-0104. (See Section 8 of this manual for claiming instructions.)

## Sample Budget Justification Narrative

### Children's Medical Services Gold County Budget Narrative Fiscal Year 2004-2005

#### I. PERSONNEL EXPENSES

**Identify and explain any changes in Personnel including FTE percentage changes.**

Total Salaries: \$1,528,586

Total Benefits: \$489,148

**Total Personnel Expenses:** \$2,017,735

Supervising PHN (2)

Two Supervising PHN positions have been added. These positions have been upgraded from Senior PHN to Supervising PHN.

PHN II

One new PHN II has been added to meet State staffing standards.

PHN I

Two new PHN I positions requested to meet State staffing standards.

Office Assistant III (2)

Two new positions added to meet State staffing standards.

Office Assistant II (1)

One new position added.

Office Assistant I

OA I moved from extra help (Other Expense) to full time.

#### II. OPERATING EXPENSES

**List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.**

Travel \$7,500

Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc.

Training \$6,500

Includes registration and tuition fees and type of training.

Office Supplies and Services \$14,636

Increase by 7% due to additional personnel needing office supplies and increased cost of office supplies over late year.

Space Rental \$130,500

Increase of 63%. Present building location can not accommodate increase in personnel, telephone lines, and computer lines. Building relocation is necessary. This figure is based upon 8,700 square feet @ \$1.25 per square foot.

Telephone	\$21,434	Increased by 17% from last year. To accommodate new position requests.
Computer upgrade/ maintenance	\$5,700	Increase 100%. Upgrade of CCS computers to Windows 2000.
Office Equipment	\$78,194	Increase 100%. Office equipment needed for re-location of division to another building.
Hook-up computers to Hub	\$3,000	Increase 100%. For re-location of division.
Computer and Monitor (6)	\$12,000	Increase 100%. Computer access for additional staff requested. For 6 computers and 6 monitors for new positions @ \$2,000 each.

**Total Operating Expenses:** \$297,478

### III. CAPITAL EXPENSES

**List all Capital Expense line items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form.**

**Total Capital Expenses:** 0 None

### IV. INDIRECT EXPENSES

A. Internal @ 15.79%	\$241,364	According to 2003 Cost Allocation Plan on file.
B. External	0	

**Total Indirect Expenses:** \$241,364

### V. OTHER EXPENSES

**List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form.**

Maintenance and Transportation	\$40,241	Increase of 7%.
Student Internship	\$12,480	Increase 100%. Cost per student is \$3.00 per hour. Colleges place students interested in Public Service to gain working knowledge of CMS. There is a contract per each student outlining goals and objectives to be accomplished by the student. CMS benefits from the assistance students provide the program. Students are sometimes hired as PHN, office support staff, etc.

**Total Other Expenses:** \$52,721

**BUDGET GRAND TOTAL** **\$2,609,298**

Department of Health Services

Children's Medical Services Branch

**County/City Capital Expenses Justification Form**

County/City: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

A. List all equipment and each item's price.

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B. How is the equipment going to benefit the CMS program(s)?

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C. Describe what functions will be performed on the equipment and why the current process can no longer be used.

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D. Specify if the new equipment must have enhanced capabilities and why.

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**NOTE:** If additional space is required, please include the information on a separate sheet of paper and attach it to this form.

Department of Health Services

Children's Medical Services Branch

**County/City Other Expenses Justification Form**

County/City: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

List all the subcontractor/consultant agreement claimed under "Other Expenses" and the price. Describe the services to be performed and how the CMS program(s) will benefit. Be specific but concise.

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**NOTE:** If additional space is required, please include the information on a separate sheet of paper and attach it to this form.

## **CHDP Budget Information and Staffing Guidelines**

### **I. Budget Information**

- A. Each CHDP local program is provided an annual allocation of Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) State funds based on the EPSDT State appropriation for the Fiscal Year. The allocation is comprised of a base allocation and a proportion applied to the remaining funds beyond those distributed through the base allocation.
- B. The base allocation is the sum of the allocations in three Program Activities areas. One portion of the base allocation is related to size of target population (Informing/Linking). A second portion of the base allocation is related to the number of health screens (Care Coordination); and a third portion is related to the number of active CHDP provider numbers (Provider Orientation and Training). The CHDP local program falls within a range specific to one of seven groups in each program activity area.
- C. Assigning a proportion of the remaining allocation to each local program extends the base allocation. The proportion of the remaining allocation is distributed according to the average proportion of the local program of the statewide totals. As a result, each CHDP local program receives a unique allocation of EPSDT State funds for their administrative activities. (See CHDP EPSDT Base Allocation Table, page 6-33)
- D. The EPSDT State funds allocation is matched through the federal Medicaid (Title XIX) program for administrative activities in support of the Medicaid program (Medi-Cal in California).
- E. Each CHDP local program is also provided an annual allocation of State General or State-only funds based on the non Medi-Cal State appropriation for the Fiscal Year. The allocation is distributed according to the average proportion of the local program in the statewide totals. The State-only funds are not matchable with Federal Title XIX funds.
- F. If a local program determines it is necessary to request additional funds for staff who perform administration program activities in support of the Medicaid (Medi-Cal) program, an optional CHDP Administrative Budget, County/City Match may be submitted. See Section 6, page 2.

### **II. Staffing Guidelines**

- A. The CHDP Staffing Matrix Profile Guidelines and the Guidelines Summary and the CHDP Guidelines Worksheet for Full-time Equivalent Calculations are to assist programs in the evaluation and preparation of their staffing patterns for the local administration of the CHDP Program. Program administrative activities are in three broad areas:

- Program Activities which includes Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison;
  - Program Management which includes Supervision and Administration and Information Technology; and
  - Program Support which includes Clerical Support.
- B. With the EPSDT State allocation, the CHDP local program is expected to carry out the basic administrative activities of the program. The foundation of these activities with staffing guidelines is outlined below and is followed by a worksheet to assist with planning. The Staffing Matrix Profile Guidelines shows a range of total FTEs by program area.

## **PROGRAM ACTIVITIES**

### **INFORMING/LINKING**

#### **Ancillary (ANC) Informing/Linking**

##### **Basis of Formula**

- designated staff = non skilled professional medical personnel (non SPMP) paraprofessionals who possess higher levels of knowledge, problem-solving capabilities, and follow-up skills
- total annual target population estimate for CHDP program
  - varies by county/city
  - source of data is:

Budget Year CHDP Target Population Estimate column entitled Total Children
  - location of source of data is:

Plan and Fiscal Guidelines, Section 4
- total number of children within a group to whom an ANC would address = 25 children per group
- total hours that ANC spends addressing each group = 1 hour per group
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

#### **Health Professional (HP) Informing/Linking**

##### **Basis of Formula**

- designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- total annual target population estimate for CHDP program.
  - varies by county/city.
  - source of data is:



Budget Year CHDP Target Population Estimate column entitled Total Children

➤ location of source of data is:

Plan and Fiscal Guidelines, Section 4

- total number of children within a group to whom HP would address = 25 children per group
- total hours that HP spends addressing each group = 0.5 hour or 30 minutes per group
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

**Public Health Nurse Informing/Linking**

To be determined by each county/city's needs as calculated in the Health Professional category.

## **CARE COORDINATION**

### **Public Health Nurse (PHN) Care Coordination**

#### **Basis of Formula**

- designated staff = public health nurse
- total annual number of screens or health assessments performed
  - varies by county/city
  - source of data is:  
  
CHDP Annual Summary of Screens by Funding Source for Fiscal Year 07-01-2002 – 06-30-2003, CHDP Data Reporting System, Business Objects
- total number of screens through Medi-Cal Managed Care Plans (M-C MCPs)
  - varies by county/city
  - source of data is:  
  
Medi-Cal Managed Care Plan Provider Numbers and reported Health Assessments found in "CHDP Provider Claims and Amount Paid by County and Funding Source" (prompted report for Fiscal Year 07-01-2002 – 06-30-2003), CHDP Data Reporting System, Business Objects
- count the number of health assessments completed by M-C MCPs in your county/city
- percentage of screens that require follow-up or acuity rate
  - acuity rate = use 16.5 percent (%); includes 1.5% for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others
- total hours that PHN spends performing care coordination activities per counted health assessment = 1 hour
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

\* For counties/cities with M-C MCPs, reduce the total annual number of screens by the number of screens provided through Medi-Cal plans. If you need help in calculating this proportion or no data are available, contact your Regional Consultant.

## **Health Professional (HP) Care Coordination**

### **Basis of Formula**

- designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- total annual number of screens or health assessments performed
  - varies by county/city
  - source of data is:

CHDP Annual Summary of Screens by Funding Source for Fiscal Year 07-01-2002 – 06-30-2003, CHDP Data Reporting System, Business Objects
- total number of screens through Medi-Cal Managed Care Plans (M-C MCPs)
  - varies by county/city
  - source of data is:

Medi-Cal Managed Care Plan Provider Numbers and reported Health Assessments found in "CHDP Provider Claims and Amount Paid by County and Funding Source" (prompted report for Fiscal Year 07-01-2002 – 06-30-2003), CHDP Data Reporting System, Business Objects
- count the number of health assessments completed by M-C MCPs in your county/city
- percentage of screens that require follow-up or acuity rate
  - acuity rate = use 16.5 percent (%); includes 1.5% for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others
- total hours that HP spends performing care coordination activities per counted health assessment = 0.25 hour or 15 minutes per screen
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

## **Ancillary (ANC) Care Coordination**

### **Basis of Formula**

- designated staff = non skilled professional medical personnel (non SPMP) paraprofessionals who possess higher levels of knowledge, problem-solving capabilities, and follow-up skills
- total annual number of screens or health assessments performed
  - varies by county/city
  - source of data is:

CHDP Annual Summary of Screens by Funding Source for Fiscal Year 07-01-2002 – 06-30-2003, CHDP Data Reporting System, Business Objects
- total number of screens through Medi-Cal Managed Care Plans (M-C MCPs)
  - varies by county/city
  - source of data is:

Medi-Cal Managed Care Plan Provider Numbers and reported Health Assessments found in “CHDP Provider Claims and Amount Paid by County and Funding Source” (prompted report for Fiscal Year 07-01-2002 – 06-30-2003), CHDP Data Reporting System, Business Objects
- count the number of health assessments completed by M-C MCPs in your county/city
- percentage of screens that require follow-up or acuity rate
  - acuity rate = use 16.5 percent (%); includes 1.5% for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others
- total hours that ANC spends performing care coordination = 45 minutes per screen or 0.75 hour per screen
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week . 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

\*For counties/cities with M-C MCPs, reduce the total annual number of screens by the number of screens provided through Medi-Cal plans. If you need help in calculating this proportion or no data are available, contact your Regional Consultant.

## **PROVIDER ORIENTATION AND TRAINING**

### **Public Health Nurse (PHN) Provider Orientation and Training**

#### **Basis of Formula**

- designated staff = public health nurse
- total CHDP provider numbers, hereafter referred to as enrolled providers
  - varies by county/city
  - source of data is:

“Active CHDP Providers by County/City and Provider Name”, CHDP Data Reporting System, Business Objects
- total annual hours that PHN spends with each enrolled provider = 18 hours per year
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

### **Health Professional (HP) Provider Orientation and Training**

#### **Basis of Formula**

- designated staff = e.g., nutritionists, dental staff, physicians, public health nurses, and health educators who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- total number of providers, hereafter referred to as enrolled providers
  - varies by county/city
  - source of data is:

“Active CHDP Providers by County/City and Provider Name”, CHDP Data Reporting System, Business Objects
- total annual hours that HP spends with each enrolled provider = 9 hours per year
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

### **Ancillary (ANC) Provider Orientation and Training**

#### **Basis of Formula**

- total FTEs of PHNs for Provider Orientation and Training.
- total FTEs of HPs for Provider Orientation and Training
- established ratio
  - 1:5
  - one (1) ANC to every five (5) FTEs of PHNs and HPs

### **Liaison**

#### **Basis of Formula**

- designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- county/city has an established Medi-Cal Managed Care program (M-C MCP)
  - County/City has a two-plan or geographic managed care model of M-C MCP;
  - County/City has an established county-organized health system (COHS)
- coordination with other county/city public health department (PHD) programs such as the following:
  - California Children's Services (CCS)
  - Immunization
  - Childhood Lead Poisoning Prevention
  - Maternal and Child Health (MCH)
  - Women's, Infants, and Children (WIC)
- coordination with other community and school programs
- counties/cities are entitled to a range (0.01 to 0.5) of HP FTEs for liaison for established M-C MCP, COHS, and coordination efforts with other county/city PHD programs and with other community and school programs

## **PROGRAM MANAGEMENT**

### **Supervision (SUPV)**

#### **Basis of Formula**

- total FTEs of PHN for Care Coordination and Provider Orientation and Training
- total FTEs of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison.
- total FTEs of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
- established ratio
  - 1:10
  - one (1) SUPV FTE to every ten (10) FTEs of PHN, HP, and ANC

### **Administration and Information Technology (AIT)**

#### **Basis of Formula**

- total FTEs of PHN for Care Coordination and Provider Orientation and Training
- total FTEs of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison
- total FTEs of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
- percentage of AIT staff oversight, guidance, direction, and technical support of all other staff excluding SUPV = 10 percent (%)
- budget sufficient Information Technology (IT) support not only for software and hardware maintenance but also for development of reports, LAN administration, technical support, desktop assistance, statistical extrapolation, etc.

## **PROGRAM SUPPORT**

### **Clerical Support (CS)**

#### **Basis of Formula**

- total FTEs of PHN for Care Coordination and Provider Orientation and Training
- total FTEs of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison

- total FTEs of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
- total FTEs of Supervision (SUPV)
- total FTEs of Administration and Information Technology (AIT)
- established ratio
  - 1:6
  - one (1) Clerical Support (CS) FTE to every six (6) FTEs of PHN, HP, ANC, SUPV, and AIT
- defined as clerical support to CHDP program activity and management personnel
- duties include tracking providers, maintaining and updating files, scheduling appointments, finalizing correspondence for release, etc.



**CHDP GUIDELINES  
STAFFING FACTORS  
FISCAL YEAR 2004 – 2005  
WORKSHEET for FULL-TIME EQUIVALENT (FTE) CALCULATIONS**

Based on the experience of CHDP local program staff in their preparation of the Staffing Matrix for Fiscal Year 2003 – 2004, this worksheet is redesigned for use as a framework in staffing CHDP local programs. The formulas for Provider Orientation and Training, and Liaison have been adjusted. With these formulas and the use of the allocation, the FTEs should be attainable within the range shown in the Staffing Matrix Profile Guidelines that follow the worksheet.

As an electronic document, the areas for numerical entries are highlighted by marching red ants. As a paper document, the areas for numerical entries are not highlighted and left blank. Whether this worksheet is used as an electronic or paper document, the individual completing the worksheet is still required to compute the full-time equivalent calculations by hand.

**PROGRAM ACTIVITIES**

**INFORMING/LINKING**

**Ancillary (ANC)**

	Total annual target population estimate for CHDP program		children
÷	Total children within a group to whom ANC would address	÷ 25 children/group	
=	Number of groups that ANC addresses each year	=	groups
×	Total hours that ANC spends addressing each group	×	1 hr/group
=	Total annual hours spent on addressing groups	=	hours
÷	Total annual work hours per FTE	÷ 2,080 hrs/FTE	
=	Annual FTEs of ANC	=	FTEs of ANC

**Health Professional (HP)**

	Total annual target population estimate for CHDP program		children
÷	Total children within a group to whom HP would address	÷ 25 children/group	
=	Number of groups that HP addresses each year	=	groups
×	Total hours that HP spends addressing each group	×	0.5 hr/group
=	Total annual hours spent on addressing groups	=	hours
÷	Total annual work hours per FTE	÷ 2,080 hrs/FTE	
=	Annual FTEs of HP	=	FTEs of HP

**Public Health Nurse (PHN)**

To be determined by each county/city's needs as calculated in the Health Professional category.

## PROGRAM ACTIVITIES

### CARE COORDINATION

#### Public Health Nurse (PHN)

Total annual number of screens performed	screens
– Total screens reported through Medi-Cal Managed Care Plans (M-C MCPs)	– screens via M-C MCPs
= Net total of annual screens performed	= screens
× Percentage 16.5% of screens that require follow-up	× 16.5%
= Total of screens requiring follow-up	= screens
× Total hours PHN spends performing care coordination	× 1 hr/screen
= Total annual hours spent on care coordination	= hours
÷ Total annual work hours per FTE	÷ 2080 hrs/FTE
= Annual FTEs of PHN	= FTEs of PHN

#### Health Professional (HP)

Total annual number of screens performed	screens
– Total screens reported through M-C MCPs	– screens via M-C MCPs
= Net total of annual screens performed	= screens
× Percentage 16.5% of screens that require follow-up	× 16.5%
= Total of screens requiring follow-up	= screens
× Total hours HP spends performing care coordination	× 0.25 hr/screen
= Total annual hours spent on care coordination	= hours
÷ Total annual work hours per FTE	÷ 2080 hrs/FTE
= Annual FTEs of HP	= FTEs of HP

#### Ancillary (ANC)

Total annual number of screens performed	screens
– Total screens reported through M-C MCPs	– screens via M-C MCPs
= Net total of annual screens performed	= screens
× Percentage 16.5% of screens that require follow-up	× 16.5%
= Total of screens requiring follow-up	= screens
× Total hours ANC spends performing care coordination	× 0.75 creen
= Total annual hours spent on care coordination	= hours
÷ Total annual work hours per FTE	÷ 2080 hrs/FTE
= Annual FTEs of ANC	= FTEs of ANC

## PROGRAM ACTIVITIES

### PROVIDER ORIENTATION AND TRAINING

#### **Public Health Nurse (PHN)**

	=	Providers
× Total number of enrolled providers		
× Total annual time PHN spends with each enrolled provider		× 18 hrs/yr
= Total annual work hours	=	hrs/yr
÷ Total annual work hours per FTE		÷ 2,080 hrs/FTE
= Annual FTEs of PHN	=	FTEs of PHN

#### **Health Professional (HP)**

	=	Providers
× Total number of enrolled providers		
× Total annual time HP spends with each enrolled provider		× 9 hrs/yr
= Total annual work hours	=	hrs/yr
÷ Total annual work hours per FTE		÷ 2,080 hrs/FTE
= Annual FTEs of HP	=	FTEs of HP

#### **Ancillary (ANC)**

	=	FTEs of PHNs
+		
+		FTEs of HPs
= Total FTEs of PHNs and HPs	=	FTEs of PHNs and HPs
÷ Established ratio of ANC to PHNs and HPs		÷ 5
= Annual FTEs of ANC	=	FTEs of ANC

## PROGRAM ACTIVITIES

### Liaison

The Health Professional (HP) full-time equivalents (FTE) for the program activity entitled Liaison (L) is determined by the target population for each county/city. Please locate the target population range in which your local program's target population falls. The target population range indicates a predetermined FTE of HP-L.

<u>FTEs</u>	<u>Target Population Range</u>
-------------	--------------------------------

0.50	180,000 to 1,500,000
------	----------------------

0.25	100,000 to 179,999
------	--------------------

0.15	30,000 to 99,999
------	------------------

0.10	8,000 to 29,999
------	-----------------

0.05	3,000 to 7,999
------	----------------

0.01	under 3,000
------	-------------

Minimum Liaison FTE =            FTEs of HP

## PROGRAM MANAGEMENT

### **Supervision (SUPV)**

$$\begin{array}{rcl}
 & \text{Total FTEs of PHN} & \\
 + & \text{Total FTEs of HP} & \\
 + & \text{Total FTEs of ANC} & \\
 \hline
 = & \text{Total FTEs of PHN, HP, and ANC} & \\
 \div & \text{Established ratio of SUPV to PHN, HP, and ANC} & \\
 \hline
 = & \text{Annual FTEs of SUPV} & 
 \end{array}$$

$$\begin{array}{rcl}
 & \text{FTEs of PHN} & \\
 + & \text{FTEs of HP} & \\
 + & \text{FTEs of ANC} & \\
 \hline
 = & \text{FTEs of PHN, HP, and ANC} & \\
 & \div 10 & \\
 \hline
 = & \text{FTEs of SUPV} & 
 \end{array}$$

### **Administration and Information Technology (AIT)**

$$\begin{array}{rcl}
 & \text{Total FTEs of PHN} & \\
 + & \text{Total FTEs of HP} & \\
 + & \text{Total FTEs of ANC} & \\
 \hline
 = & \text{Total FTEs of PHN, HP, and ANC} & \\
 \times & \text{Percentage of AIT for oversight, guidance,} & \\
 & \text{direction, and technical support of all other staff,} & \\
 & \text{excluding SUPV} & \\
 \hline
 = & \text{Annual FTEs of AIT} & 
 \end{array}$$

$$\begin{array}{rcl}
 & \text{FTEs of PHN} & \\
 + & \text{FTEs of HP} & \\
 + & \text{FTEs of ANC} & \\
 \hline
 = & \text{FTEs of PHN, HP, and ANC} & \\
 & \times 10\% & \\
 \hline
 = & \text{FTEs of AIT} & 
 \end{array}$$

## PROGRAM SUPPORT

### **Clerical Support (CS)**

	Total FTEs of PHN		FTEs of PHN
+	Total FTEs of HP	+	FTEs of HP
+	Total FTEs of ANC	+	FTEs of ANC
+	Total FTEs of SUPV	+	FTEs of SUPV
+	Total FTEs of AIT	+	FTEs of AIT
=	Total FTEs of PHN, HP, ANC, SUPV and AIT	=	FTEs
÷	Established ratio of CS to PHN, HP, ANC, SUPV, and AIT		÷ 6
=	Annual FTEs of CS	=	FTEs of CS

**CHDP EPSDT  
FISCAL YEAR 2004 - 2005  
BASE ALLOCATION TABLE**

Group	1	2	3	4	5	6	7
-------	---	---	---	---	---	---	---

Target Population	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Base Allocation	\$ 10,000	\$ 30,000	\$ 45,000	\$ 60,000	\$ 105,000	\$ 150,000	\$ 300,000

Screens	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Base Allocation	\$ 10,000	\$ 30,000	\$ 45,000	\$ 60,000	\$ 105,000	\$ 150,000	\$ 300,000

Providers	1 - 6	7 - 15	16 - 40	41 - 80	81 - 140	141 - 220	> 220
Base Allocation	\$ 10,000	\$ 30,000	\$ 45,000	\$ 60,000	\$ 105,000	\$ 150,000	\$ 300,000

The Total EPSDT State Allocation is the sum of the base allocation for each area of program activity plus a portion of the unallocated base funds. The unallocated base funds are distributed by the CHDP Local Program's statewide proportion in each of the Program Activity Areas.

## Staffing Profile Guidelines

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7
Target Population (Informing and Linking)	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Screens (Care Coordination)	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Active Providers (Provider Orientation and Training)	1 - 6	7 - 15	16 - 40	41 - 80	81 - 140	141 - 220	> 220
<b>FTEs Program Activities*</b>							
Informing and Linking	0.01 - 0.14	0.14 - 0.43	0.43 - 0.89	0.87 - 1.4	1.44 - 2.9	2.9 - 10.1	
Care Coordination	0.01 - 0.8	0.8 - 2.4	2.4 - 4.8	4.8 - 8.0	8.0 - 15.9	15.9 - 47.6	
Provider Orientation and Training	0.03 - 0.09	0.1 - 0.2	0.2 - 0.6	0.6 - 1.2	1.2 - 2.2	2.2 - 3.4	
Liaison	0.01 - 0.05	0.05 - 0.1	0.1	0.15	0.15	0.25 - 0.50	0.5
Subtotal	0.06 - 0.4	0.4 - 3.1	3.1 - 6.4	6.4 - 10.8	10.8 - 21.2	21.3 - 61.6	
<b>FTEs Program Management*</b>							
Supervision	0.01 - 0.04	0.04 - 0.3	0.3 - 0.6	0.6 - 1.1	1.1 - 2.1	2.1 - 6.2	
Administration and Information Technology Support	0.01 - 0.04	0.04 - 0.3	0.3 - 0.6	0.6 - 1.1	1.1 - 2.1	2.1 - 6.2	
Subtotal	0.02 - 0.08	0.08 - 0.6	0.6 - 1.2	1.2 - 2.2	2.2 - 4.2	4.2 - 12.4	
<b>FTEs Program Support</b>							
Clerical	0.01 - 0.08	0.08 - 0.6	0.6 - 1.3	1.5 - 2.2	2.2 - 4.2	4.2 - 12.3	
<b>Total FTEs</b>	<b>0.1 - 0.6</b>	<b>0.6 - 4.4</b>	<b>4.3 - 8.9</b>	<b>9.1 - 15.2</b>	<b>14.8 - 29.6</b>	<b>29.7 - 86.3</b>	

\* Additional Liaison activities are incorporated into these functions.

\*\* Staffing for Program Activities include Ancillary non skilled professional medical personnel (non SPMP) paraprofessionals and Health Professionals (SPMP) including but not limited to dental staff, health educators, nutritionists, physicians, and public health nurses (PHNs) who meet skilled professional medical personnel qualifications.



## Summary CHDP Staffing Profile

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7
Target Population (Informing and Linking)	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Screens (Care Coordination)	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Active Providers (Provider Orientation and Training)	1 - 6	7 - 15	16 - 40	41 - 80	81 - 140	141 - 220	> 220
<b>FTEs Program Activities*</b>							
Informing and Linking, Care Coordination, Provider Orientation and Training, and Liaison**	0.06 - 0.4	0.4 - 3.1	3.1 - 6.4	6.4 - 10.8	10.8 - 21.2	21.3 - 61.6	
<b>FTEs Program Management*</b>							
Supervision (1:10) and Administration and Information Technology Support (1:10)	0.02 – 0.08	0.08 - 0.6	0.6 - 1.2	1.2 - 2.2	2.2 - 4.2	4.2 - 12.4	
<b>FTEs Program Support</b>							
Clerical	0.01 – 0.08	0.08 - 0.6	0.6 - 1.3	1.5 - 2.2	2.2 - 4.2	4.2 - 12.3	
<b>Total FTEs</b>	<b>0.1 - 0.6</b>	<b>0.6 - 4.4</b>	<b>4.3 - 8.9</b>	<b>9.1 - 15.2</b>	<b>14.8 - 29.6</b>	<b>29.7 - 86.3</b>	

\* Additional Liaison activities are incorporated into these functions.

\*\* Staffing for Program Activities include Ancillary non skilled professional medical personnel (non SPMP) paraprofessionals and Health Professionals (SPMP) including but not limited to dental staff, health educators, nutritionists, physicians, and public health nurses (PHNs) who meet skilled professional medical personnel qualifications.

## **CHDP Administrative Budget Worksheet Instructions (No County/City Match)**

### **CHDP State General Funds and Medi-Cal State/Federal Funds**

The CHDP Administrative Budget Worksheet for FY 2004-05 No County/City Match shows percentages and dollar amounts in both the State-funded CHDP budget and the Medi-Cal funded CHDP budget. These dollar amounts are not to exceed the amounts allocated in the annual CHDP allocation letter.

Complete the County/City Name/Budget Fiscal Year. See sample on page 6-43.

#### **I. Personnel Expenses**

In this section, list each funded position by classification and incumbent name as a separate line item and complete the following Columns:

**1A. Percentage or FTE:** Enter the portion of the FTE in Column 1A for the percentage of time spent on program activities during the budget fiscal year for each position listed in the "Personnel Expenses" section.

Formula: Time base multiplied by twelve months.

Example: Employee works one day per week (1/5 time)  $1/5 = 0.2$  or 20%

**1B. Annual Salary:** Enter in Column 1B the annual salary for the full-time position listed in the "Personnel Expenses" section.

#### **1. Total Budget**

- Multiply each entry in Column 1A "% FTE" by the corresponding entry in Column 1B "Annual Salary"
- Enter the amount in Column 1, "Total Budget." The amount in Column 1 is also the sum of Columns 2 and 3.

#### **2/2A. Percentage or FTE/Total CHDP Budget**

- The percentages of Columns 2A (State-funded CHDP budget) and 3A (Medi-Cal Budget) must total 100%. In Column 2A enter the portion of the FTE for program activities directed to non-Medi-Cal children and youth for each position listed.
- Multiply the FTE in Column 2A by the Total Budget in Column 1 and enter this amount in Column 2, entitled "Total CHDP Budget."

### **3/3A. Percentage of FTE/Total Medi-Cal Budget**

- Subtract the % FTE in Column 2A from 100% and enter the percentage in Column 3A. Percentage of time in the Medi-Cal budget shall be spent on program activities directed to Medi-Cal children and youth for each position listed.
- Multiply the FTE in Column 3A by the Total Budget in Column 1 and enter this amount in Column 3, entitled, "Total Medi-Cal Budget."
- The sum of Column 2 and Column 3 is equal to the Total Budget Column.

### **4/4A. Percentage of FTE/Enhanced State/Federal (25/75)**

- Columns 4A plus 5A must equal 100% in order to accurately show percentages of enhanced and non-enhanced Medi-Cal-funded activities.
- For each line item in Personnel Expenses, enter in Column 4A the percentage of the FTE in Column 3A for program activities eligible for enhanced Medi-Cal funding. See FFP Information in Section 9 for qualifying position descriptions.
- Multiply the amount in Column 3 "Total Medi-Cal Budget" by the FTE entered in Column 4A for each position, and
- Enter this amount in Column 4 "Enhanced."

**NOTE:** If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the No County/City Match and the County/City Match Budgets, the proportions of enhanced and nonenhanced time for personnel claimed in the two budgets must be the same.

### **5/5A. Percentage of FTE/Nonenhanced State/Federal (50/50)**

- For each line item in Personnel Expenses, enter in Column 5A the percentage of the FTE in Column 3A for program activities eligible for nonenhanced Medi-Cal funding for each position. See FFP Information in Section 9.
- Multiply the amount in Column 3 "Total Medi-Cal Budget" by the FTE entered in Column 5A for each position, and
- Enter this amount in Column 5 "Nonenhanced."
- The sum of Columns 4A and 5A equals 100 percent.

### **Total Salaries and Wages**

- Add the amounts itemized in Columns 1, 2, 3, 4, and 5, and
- Enter the total for each column on the "Total Salaries and Wages" line item.

### **Less Salary Savings**

- Complete the "Less Salary Savings" line item only if the county/city government mandates salary savings.
- Multiply the county/city salary savings percentage by the amount of "Total Salaries and Wages" in each column, and
- Enter the negative amount on the "Salary Savings" line for each column.

### **Net Salaries and Wages**

- Subtract the "Salary Savings" amount from the "Total Salaries and Wages" amount in Columns 1, 2, 3, 4, and 5 and
- Enter the balance of each column on the line entitled, "Net Salaries and Wages."

### **Staff Benefits**

The Staff Benefits line item shall include the county/city share of expenses for (a) employee benefits, e.g., employee group insurance (health, dental, life, accident, and unemployment insurance) and (b) worker's compensation insurance.

- Multiply the approved county/city staff benefits percentage by the "Net Salaries and Wages" for Columns 1, 2, 3, 4, and 5, and enter the amount on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.
- If a percentage is used, the county/city MUST enter this percentage next to the words "Staff Benefits" on the form.

### **Total Personnel Expenses**

- Add the "Staff Benefits" amount to the "Net Salaries and Wages" amount in Columns 1, 2, 3, 4, and 5, and
- Enter the total for each column on the "Total Personnel Expenses" line item.

## **II. Operating Expenses**

Personnel Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Personnel Training – Includes registration fees and tuition costs for training of program staff.

**NOTE:** All travel costs related to training must be included under "Travel."

- Enter the amounts budgeted for each item in CHDP in Column 2, Medi-Cal Enhanced in Column 4, and Medi-Cal Nonenhanced in Column 5.
- Add Column 4 and Column 5 for each line and enter in the sum Column 3.
- Add Column 3 and Column 2 for each line and enter in the sum Column 1.

#### **Additional Operating Expenses**

List all other line items separately, e.g., rent, supplies.

- Enter the amounts budgeted for each line item of additional operating expenses in CHDP in Column 2 and Medi-Cal Nonenhanced in Column 5.
- Enter each amount in Column 5 and in Column 3.
- Add Column 2 and Column 3 and enter the sum in Column 1 for each line.

**NOTE:** The only "Operating Expenses" line items that are eligible for enhanced costs are travel and training.

#### **Total Operating Expenses**

- Add the "Operating Expenses" amounts itemized in Columns 1, 2, 3, 4, and 5 and
- Enter the total for each column on the "Total Operating Expenses" line item.

### **III. Capital Expenses – Includes all equipment and Automated Data Processing (ADP) hardware.**

- Enter the approved "CHDP Budget" amount in Column 2 for each item.
- Enter the approved "Medi-Cal Budget" amounts in Column 5 and Column 3 for each item.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

#### **Total Capital Expenses**

- Add the "Capital Expenses" amounts itemized in Columns 1, 2, 3, and 5, and
- Enter the totals for each column on the "Total Capital Expenses" line item.

### **IV. Indirect Expenses**

**External** – Any countywide overhead costs must have an approved plan on file with the State Controller's Office (A-87 plan).

**Internal** – Any departmental overhead costs must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, “Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87”.

The amount of “External Indirect Expenses” and “Internal Indirect Expenses” will be calculated by multiplying the percentages (assigned by the county fiscal staff for each type of indirect expenses) by the budgeted amounts for "Total Salaries, Wages and Benefits," depending upon the base amount used to develop the percentage. Some counties/cities may have a flat dollar amount versus a percentage to distribute. This may be accomplished by developing ratios from total FTEs or from the budgeted amounts as described above.

- Enter calculated amounts for all “External Indirect Expenses” and “Internal Indirect Expenses” on the appropriate lines in Columns 2 and 5.
- For each line, enter the amounts from Column 5 in Column 3.
- Add the amounts for each line in Columns 2 and 3, and enter the sum in Column 1.

**Total Indirect Expenses**

- All "Indirect Expenses" are nonenhanced.
- Add all "Indirect Expenses" amounts itemized in Columns 1, 2, 3, and 5, and
- Enter the totals for each column on the "Total Indirect Expenses" line item.

**V. Other Expenses – Includes any expenses not directly attributable to one of the above “Operating Expenses” line items.**

List each "Other Expenses" item individually under this section.

- Enter the budgeted amount in CHDP, Column 2 and Medi-Cal Nonenhanced, Column 5 for each line.
- Enter the amount from Column 5 in Column 3 for each line.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

**Total Other Expenses**

- Add all "Other Expenses" amounts itemized in Columns 1, 2, 3, and 5, and
- Enter the total for each column on the “Total Other Expenses” line item.

**Budget Grand Total**

- Add the "Total Personnel Expenses," "Total Operating Expenses," "Total Capital Expenses," "Total Indirect Expenses," and "Total Other Expenses" lines for Columns 1, 2, 3, 4, and 5, and
- Enter the grand total of each column on the "Budget Grand Total" line item.

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**CHDP Administrative Budget Worksheet for FY 2004-05**  
**No County/City Match**  
**State and State/Federal**

County/City Name: \_\_\_\_\_

Fiscal Year 2004-2005[illegible]

**CHDP Administrative Budget Worksheet for FY 2004-05**  
**No County/City Match**  
**State and State/Federal**

County/City Name: \_\_\_\_\_

Fiscal Year \_\_\_\_\_ 2004-2005 \_\_\_\_\_

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi- Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>II. Capital Expenses</b>											
.											
.											
.											
.											
.											
.											
<b>II. Total Capital Expenses</b>											
<b>V. Indirect Expenses</b>											
. Internal (Specify %)	0.00%										
. External (Specify %)	0.00%										
<b>V. Total Indirect Expenses</b>											
<b>VI. Other Expenses</b>											
.											
.											
.											
.											
.											
<b>VI. Total Other Expenses</b>											
<b>Budget Grand Total</b>											

\_\_\_\_\_  
Prepared By\_\_\_\_\_  
Date Prepared\_\_\_\_\_  
Phone Number\_\_\_\_\_  
CHDP Director or Deputy  
Director (Signature)\_\_\_\_\_  
Date\_\_\_\_\_  
Phone Number

## CHDP Administrative Budget Worksheet for FY 2004-05

No County/City Match

State and State/Federal

County/City Name: GoldenFiscal Year 2004-2005

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>Personnel Expenses</b>											
1. Deputy Director – James	50%	\$61,000	\$30,500	20%	\$6,100	80%	\$24,400	60%	\$14,640	40%	\$9,760
2. Public Health Nurse – Wade	80%	\$55,423	\$44,338	30%	\$13,301	70%	\$31,037	75%	\$23,278	25%	\$7,759
3. PH Education Assistant – Smith	75%	\$40,000	\$30,000	30%	\$9,000	70%	\$21,000			100%	\$21,000
4. Account Technical – Roe	15%	\$25,650	\$3,848	15%	\$577	85%	\$3,271			100%	\$3,271
5.											
6.											
7.											
8.											
9.											
10.											
<b>Total Salaries and Wages</b>			\$108,686		\$28,978		\$79,708		\$37,918		\$41,790
<b>Less Salary Savings</b>											
<b>Net Salaries and Wages</b>			\$108,686		\$28,978		\$79,708		\$37,918		\$41,790
Staff Benefits (Specify %) 0.00%			\$27,172		\$7,245		\$19,927		\$11,580		\$8,347
<b>Total Personnel Expenses</b>			\$135,858		\$36,223		\$99,635		\$49,498		\$50,137
<b>I. Operating Expenses</b>											
1. Travel			\$1,500		\$900		\$600		\$300		\$300
2. Training			\$3,500		\$1,601		\$1,899		\$1,000		\$899
3. Office Expenses			\$4,427		\$3,500		\$927				\$927
4. Communication			\$1000		\$500		\$500				\$500
5.											
6.											
7.											
8.											
9.											
10.											
<b>Total Operating Expenses</b>			\$10,427		\$6,501		\$3,926		\$1,300		\$2,626

Fiscal Year 2004-2005

## **CHDP No County/City Match Administrative Budget Summary Instructions**

### **I. Budget Summary Instructions**

- Transfer the dollar amount from each Total Line item in each column of the CHDP No County/City Match Budget to the CHDP Administrative Budget Summary Form (see page 6-49).
- Compute the amounts in the "Source of Funds" section of the budget as described below.

### **II. Source of Funds (No County/City Match)**

#### **A. State General Funds**

##### **Total CHDP Budget**

Enter the "Budget Grand Total" amount from Column 2 "Total CHDP Budget" in the "Source of Funds" section, "Total CHDP" column, on the State General Funds line. The total CHDP funds may not exceed the funds allocated annually in the CHDP allocation letter sent by the CMS Branch.

#### **B. Medi-Cal Funds**

##### **1. Enhanced Funds**

- Multiply the Enhanced, Column 4 "Budget Grand Total" amount by 25 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the State Funds line.
- Multiply the Enhanced, Column 4 "Budget Grand Total" amount by 75 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the Federal Funds line.

##### **2. Nonenhanced Funds**

- Multiply the Nonenhanced, Column 5, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the State Funds line.
- Multiply the Nonenhanced, Column 5, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the Federal Funds line.

##### **3. Total Medi-Cal Funds**

- Add Columns 4 and 5 and enter the sum in Column 3 "Source of Funds."

- The total Medi-Cal State Funds for the CHDP No County/City Match Budget may not exceed the funds allocated annually in the CHDP Allocation letter sent by the CMS Branch.

4. Total Funds

- Enter the State General Funds amount from Column 2, Total CHDP Budget, in Column 1.
- For both State and Federal, enter the amounts from Column 3, Total Medi-Cal Budget, in Column 1, Total Funds

**CHDP Administrative Budget Summary for FY 2004-05****No County/City Match****County/City Name:** \_\_\_\_\_

Column	1	2	3	4	5
Category/Line Item	Total Budget (2 + 3)	Total CHDP Budget	Total Medi-Cal Budget (4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>I. Total Personnel Expenses</b>					
<b>II. Total Operating Expenses</b>					
<b>III. Total Capital Expenses</b>					
<b>IV. Total Indirect Expenses</b>					
<b>V. Total Other Expenses</b>					
<b>Budget Grand Total</b>					

Column	1	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
<b>State General Funds</b>					
<b>Medi-Cal Funds:</b>					
<b>State</b>					
<b>Federal (Title XIX)</b>					

\_\_\_\_\_  
Prepared By\_\_\_\_\_  
Date Prepared\_\_\_\_\_  
Phone Number\_\_\_\_\_  
CHDP Director or Deputy Director  
(Signature)\_\_\_\_\_  
Date\_\_\_\_\_  
Phone Number

## CHDP Administrative Budget Summary for FY 2004-05

No County/City Match

County/City Name:     Golden    

Column	1	2	3	4	5
Category/Line Item	Total Budget (2 + 3)	Total CHDP Budget	Total Medi-Cal Budget (4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>I. Total Personnel Expenses</b>	\$135,858	\$36,223	\$99,635	\$49,498	\$50,137
<b>II. Total Operating Expenses</b>	\$10,427	\$6,501	\$3,926	\$1,300	\$2,626
<b>III. Total Capital Expenses</b>	\$0	\$0	\$0		\$0
<b>IV. Total Indirect Expenses</b>	\$1,457	\$3,876	\$10,661		\$10,661
<b>V. Total Other Expenses</b>	\$0	\$0	\$0		\$0
<b>Budget Grand Total</b>	\$160,822	\$46,600	\$114,222	\$50,798	\$63,424

Column	1	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
<b>State General Funds</b>	\$46,600	\$46,600			
<b>Medi-Cal Funds:</b>	\$114,222		\$114,222		
<b>State</b>	\$44,412		\$44,412	\$12,700	\$31,712
<b>Federal (Title XIX)</b>	\$69,810		\$69,810	\$38,098	\$31,712

John Smith

Prepared By

05/01/04

Date Prepared

916-555-1212

Phone Number

*Dr. Jane Doe*CHDP Director or Deputy Director  
(Signature)

5/1/2004

Date

916-555-1122

Phone Number



## **CHDP Administrative Budget Worksheet Instructions (County/City Match)**

### **County/City Funds and Title XIX Federal Funds**

#### **I. Personnel Expenses**

In this section, list each funded position as a separate line item by incumbent name and classification and complete the following columns:

**1A. Percentage or FTE:** Enter the portion of the FTE in Column 1A for the percentage of time spent on program activities during the budget fiscal year for each position listed in "Personnel Expenses" section.

Formula: Time base multiplied by twelve months.

Example: Employee works one day per week (1/5 time)  $1/5 = 0.2$  or 20 percent

**1B. Annual Salary:** Enter in Column 1B the salary for each full-time position listed in the "Personnel Expenses" section.

#### **Total Budget**

- Multiply each entry in Column 1A "% FTE" by the corresponding entry Column 1B "Annual Salary" and
- Enter the amount in Column 1 "Total Budget" (Columns 2 plus 3 must equal this amount.)

#### **2/2A. Percentage of FTE/Enhanced (25/75)**

- Enter in Column 2A, the percentage of the FTE in Column 1A for eligible enhanced program activities for each position listed.
- Multiply the FTE in Column 2A by the "Total Budget" in Column 1, and
- Enter the amount in Column 2, Enhanced.

**NOTE:** If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the No County/City Match and the County/City Match Budgets the proportions of enhanced and nonenhanced time for personnel claimed in the two budgets must be the same.

#### **3/3A. Percentage of FTE/Nonenhanced**

- Enter in Column 3A, the percentage of the FTE in Column 1A for eligible nonenhanced program activities for each position listed.
- Multiply the FTE in Column 3A by the Total Budget in Column 1 and

- Enter the amount in Column 3, Nonenhanced.

### **Total Salaries and Wages**

- Add the "Salaries and Wages" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Salaries and Wages" line item.

### **Less Salary Savings**

**NOTE:** Complete only if the county/city government mandates salary savings.

- Multiply the county/city salary savings percentage by the "Total Salaries and Wages" line for each column, and
- Enter the negative amount on the "Salary Savings" line for each column.

### **Net Salaries and Wages**

- Subtract the "Salary Savings" amount from the "Total Salaries and Wages" in Columns 1, 2, and 3, and
- Enter the balance of each column on the line entitled "Net Salaries and Wages."

### **Staff Benefits**

- Multiply the approved county/city staff benefits percentages by the "Net Salaries and Wages" in Columns 1, 2, and 3, and enter the amounts on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

### **Total Personnel Expenses**

- Add the "Staff Benefits" amounts to the "Net Salaries and Wages" amounts in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Personnel Expenses" line item.

## **II. Operating Expenses**

Personnel Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Personnel Training – Includes registration fees and tuition costs for training of program staff.

**NOTE:** All travel costs related to training must be included under "Travel."

- Enter the amounts budgeted for each item in Medi-Cal Enhanced in Column 2 and Medi-Cal Nonenhanced in Column 3.

- Add Columns 2 and 3 for each line and enter the sum in Column 1.

### **Additional Operating Expenses**

List all other operating expenses line items separately, e.g., rent, supplies.

- Enter the amounts budgeted for each line item of additional operating expenses in Medi-Cal Nonenhanced (Column 3).
- Enter amount of Column 3 in Column 1 for each line.

**NOTE:** The only "Operating Expenses" line items that are eligible for enhanced costs are travel and training.

### **Total Operating Expenses**

- Add the "Operating Expenses" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Operating Expenses" line.

## **III. Capital Expenses**

- Enter the approved budget amounts in Column 3.
- Enter the same amount in Column 1.

### **Total Capital Expenses**

- Add the "Capital Expenses" amounts itemized, and
- Enter the total for each column on the "Total Capital Expenses" line item.

## **IV. Indirect Expenses**

**External** – Any countywide overhead costs must have an approved plan on file with the State Controller's Office (A-87 plan)

**Internal** – Any departmental overhead costs must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87".

The amount of External and Internal Indirect Expenses will be calculated by multiplying the percentages (assigned by the county/city fiscal staff for each type of Indirect Expenses) by the budgeted amounts for "Total Salaries, Wages and Benefits," depending on the base amount used to develop the percentage. Some counties/cities may have a flat dollar amount versus a percentage to distribute. This may be accomplished by developing ratios from total FTEs or from the budgeted amounts as described above.

- Enter the calculated amounts of External and Internal Indirect expenses on the appropriate lines in Column 3.
- Enter the amounts from Column 3 for each line in Column 1.

#### **Total Indirect Expenses**

- All indirect expenses are nonenhanced.
- Add all "Indirect Expenses" amounts itemized, and
- Enter the total for Columns 1 and 3 on the "Total Indirect Expenses" line item.

#### **V. Other Expenses**

This Section includes any expenses not directly attributable to one of the above "Operating Expenses" line items.

List each "Other Expenses" item individually under this section.

- Enter the budgeted amount in Medi-Cal Nonenhanced, Column 3.
- Enter the amount from Column 3 in Column 1.

#### **Total Other Expenses**

- Add all "Other Expenses" amounts itemized, and
- Enter the totals for each column on the "Total Other Expenses" line item.

#### **Budget Grand Total**

- Add the "Total Personnel Expenses," "Total Operating Expenses," "Total Capital Expenses," "Total Indirect Expenses," and "Total Other Expenses" lines in Columns 1, 2, and 3, and
- Enter the grand total for each column on the "Budget Grand Total" line item.

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**CHDP Administrative Budget Worksheet for FY 2004-05****County/City Match****County/City Name:** \_\_\_\_\_

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County/Federal (25/75)	% or FTE	Nonenhanced County/Federal (50/50)
<b>I. Personnel Expenses</b>							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages							
Less Salary Savings							
Net Salaries and Wages							
Staff Benefits (Specify %) 0.00%							
<b>I. Total Personnel Expenses</b>							
<b>II. Operating Expenses</b>							
1. Travel							
2. Training							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
<b>II. Total Operating Expenses</b>							

**CHDP Administrative Budget Worksheet for FY 2004-05****County/City Match****County/City Name:** \_\_\_\_\_

Column		1A	1B	1	2A	2	3A	3
<b>III. Capital Expenses</b>								
1.								
2.								
3.								
4.								
5.								
<b>II. Total Capital Expenses</b>								
<b>IV. Indirect Expenses</b>								
1. Internal (Specify %)	0.00%							
2. External (Specify %)	0.00%							
<b>IV. Total Indirect Expenses</b>								
<b>V. Other Expenses</b>								
1.								
2.								
3.								
4.								
5.								
<b>V. Total Other Expenses</b>								
<b>Budget Grand Total</b>								

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CHPD Director or Deputy Director (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**CHDP Administrative Budget Worksheet for FY 2004-05****County/City Match****County/City Name: Golden**

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County/Federal (25/75)	% or FTE	Nonenhanced County/Federal (50/50)
<b>I. Personnel Expenses</b>							
1. Deputy Director - James	50%	\$61,000	\$30,500	60%	\$18,300	40%	\$12,200
2. Public Health Nurse - Smith	20%	\$55,423	\$11,085	75%	\$8,314	25%	\$2,771
3. PH Education Asst - Jones	25%	\$40,000	\$10,000	0%		100%	\$10,000
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$51,585		\$26,614		\$24,971
Less Salary Savings							
Net Salaries and Wages			\$51,585		\$26,614		\$24,971
Staff Benefits (Specify %) 0.00%			\$12,897		\$6,654		\$6,243
<b>I. Total Personnel Expenses</b>			\$64,482		\$33,268		\$31,214
<b>II. Operating Expenses</b>							
1. Travel			\$500		\$350		\$150
2. Training			\$700		\$500		\$200
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
<b>II. Total Operating Expenses</b>			\$1,200		\$850		\$350



**CHDP Administrative Budget Worksheet for FY 2004-05****County/City Match****County/City Name: \_\_\_ Golden \_\_\_\_\_**

Column	1A	1B	1	2A	2	3A	3
<b>III. Capital Expenses</b>							
1.							
2.							
3.							
4.							
5.							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %) 0.00%							
2. External (Specify %) 0.00%							
<b>IV. Total Indirect Expenses</b>							
<b>V. Other Expenses</b>							
1.							
2.							
3.							
4.							
5.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			\$65,682		\$34,118		\$31,564

John Smith  
Prepared By

May 1, 2004  
Date Prepared

916-555-1212  
Phone Number

Dr. Jane Doe  
CHPD Director or Deputy Director (Signature)

May 1, 2004  
Date

916-555-1122  
Phone Number

## **CHDP County/City Match Administrative Budget Summary Instructions**

### **I. CHDP County/City Administrative Budget Summary**

- Transfer the dollar amount from the total amount of each line item and column of the CHDP Budget Worksheet to the CHDP Administrative Budget Summary Form. Compute the amounts in the "Source of Funds" section of the budget as described below.

### **II. Source of Funds (County/City Match)**

#### **A. Enhanced Funds**

- Multiply the Enhanced "Budget Grand Total" amount in Column 2 by 25 percent. Enter the amount on the County/City Funds line, Enhanced column, in the "Source of Funds" section.
- Multiply the Enhanced, Column 3, "Budget Grand Total" amount by 75 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the Federal Funds line.

#### **B. Nonenhanced Funds**

- Multiply the Nonenhanced "Budget Grand Total" amount in Column 3 by 50 percent. Enter this amount on the County/City Funds line, Nonenhanced column, in "Source of Funds" section.
- Multiply the Nonenhanced, Column 3, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the Federal Funds line.

#### **C. Total Funds**

- Total Funds will equal the Enhanced plus the Nonenhanced County/City Funds for the County/City Funds line and the Enhanced plus the Nonenhanced Funds for the Federal Funds line.

**NOTE:** The total of funding amounts entered under each column in the Source of Funds section must agree with the totals for the same column entered on the Budget Grand Total line.

**CHDP Administrative Budget Summary for FY 2004-05****County/City Match****County/City Name:** \_\_\_\_\_

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses			
II. Total Operating Expenses			
III. Total Capital Expenses			
IV. Total Indirect Expenses			
V. Total Other Expenses			
Budget Grand Total			

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds			
Federal Funds (Title XIX)			

Prepared By	Date	Phone Number
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CHDP Director or Deputy Director (Signature)	Date	Phone Number
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**CHDP Administrative Budget Summary for FY 2004-05****County/City Match**

County/City Name: \_\_\_\_\_

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>I. Total Personnel Expenses</b>	\$64,482	\$33,268	\$31,214
<b>II. Total Operating Expenses</b>	\$1,200	\$850	\$350
<b>III. Total Capital Expenses</b>			
<b>IV. Total Indirect Expenses</b>			
<b>V. Total Other Expenses</b>			
<b>Budget Grand Total</b>	\$65,682	\$34,118	\$31,564

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
<b>County Funds</b>	\$24,312	\$8,530	\$15,782
<b>Federal Funds (Title XIX)</b>	\$41,370	\$25,588	\$15,782

John Smith	05/01/04	916-555-1212
Prepared By	Date	Phone Number

<i>Dr. Jane Doe</i>	5/1/2004	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

## **Foster Care Administrative (County/City Match) Budget Worksheet Instructions**

### **I. Personnel Expenses**

In this section, list each funded position as a separate line item by incumbent name and classification and complete the following columns:

**1A. Percentage of FTE:** Enter the portion of the FTE in Column 1A for the percentage of time spent on program activities during the budget fiscal year for each position listed in "Personnel Expense" section.

Formula: Time base multiplied by twelve months.

Example: Employee works one day per week (1/5 time)  $1/5 = 0.2$  or 20 percent

**1B. Annual Salary:** Enter in Column 1B the salary for each full-time position listed in the "Personnel Expense" section.

#### **Total Budget**

- Multiply each entry in Column 1A "% FTE" by the corresponding entry Column 1B "Annual Salary" and
- Enter the amount in Column 1 "Total Budget" (Columns 2 plus 3 must equal this amount.)

#### **2/2A. Percentage of FTE/Enhanced (25/75)**

- Enter in Column 2A, "% FTE" the portion of the annualized FTE to be spent on eligible enhanced program activities for each position listed. The sum of Column 2A and 3A must equal 100 percent.
- Multiply the FTE in Column 2A by the "Total Budget" in Column 1, and
- Enter the amount in Column 2, Enhanced.

**NOTE:** If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the HCPFC Administrative Budget and the Foster Care County/City Match Budget the proportions of enhanced and nonenhanced time for personnel claimed in the two budgets must be the same.

#### **3/3A. Percentage of FTE/Nonenhanced**

- Enter in Column 3A, the percentage of the FTE in Column 1A for eligible nonenhanced program activities for each position listed.
- Multiply the FTE in Column 3A by the Total Budget in Column 1 and
- Enter the amount in Column 3, Nonenhanced.

### **Total Salaries and Wages**

- Add the "Salaries and Wages" amounts itemized in Columns 1, 2 and 3, and
- Enter the total for each column on the "Total Salaries and Wages" line item.

### **Less Salary Savings**

**NOTE:** Complete only if the county/city government mandates salary savings.

- Multiply the county/city salary savings percentage by the "Total Salaries and Wages" line for each column, and
- Enter the negative amount on the "Salary Savings" line for each column.

### **Net Salaries and Wages**

- Subtract the "Salary Savings" amount from the "Total Salaries and Wages" in Columns 1, 2, and 3, and
- Enter the balance of each column on the line entitled "Net Salaries and Wages."

### **Staff Benefits**

- Multiply the approved county/city staff benefits percentages by the "Net Salaries and Wages" in Column 1, 2, and 3, and enter the amounts this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

### **Total Personnel Expenses**

- Add the "Staff Benefits" amounts to the "Net Salaries and Wages" amounts in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Personnel Expenses" line item.

## **II. Operating Expenses**

Personnel Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Personnel Training – Includes registration fees and tuition costs for training of program staff.

**NOTE:** All travel costs related to training must be included under "Travel."

- Enter the amounts budgeted for each item in Medi-Cal Enhanced in Column 2 and Medi-Cal Nonenhanced in Column 3.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

### **Additional Operating Expenses**

List all other operating expenses items separately, e.g., rent, supplies.

- Enter the amounts budgeted for each line item of additional operating expenses in Medi-Cal Nonenhanced (Column 3).
- Enter amount of Column 3 in Column 1 for each line.

**NOTE:** The only "Operating Expenses" line items that are eligible for enhanced costs are travel and training.

### **Total Operating Expenses**

- Add the "Operating Expenses" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Operating Expenses" line.

## **III. Capital Expenses**

- Enter the approved budget amounts in Column 3.
- Enter the same amount in Column 1.

### **Total Capital Expenses**

- Add the "Capital Expenses" amounts itemized, and
- Enter the total for each column on the "Total Capital Expenses" line item.

## **IV. Indirect Expenses**

**External** – Any countywide overhead costs must have an approved plan on file with the State Controller's Office (A-87 plan)

**Internal** - Any departmental overhead costs that are allocated must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal, Implementation Guide for Office of Management and Budget, Circular A-87".

The amount of External and Internal Indirect Expenses will be calculated by multiplying the percentages (assigned by the county/city fiscal staff for each type of Indirect Expenses) by the budgeted amounts for "Total Salaries, Wages and Benefits," depending on the base amount used to develop the percentage. Some counties/cities may have a flat dollar amount versus a percentage to distribute. This may be accomplished by developing ratios from total FTEs or from the budgeted amounts as described above.

- Enter the calculated amounts of External and Internal Indirect expenses on the appropriate lines in Column 3.

- Enter the amounts from Column 3 for each line in Column 1.

### **Total Indirect Expenses**

- All indirect expenses are nonenhanced.
- Add all "Indirect Expenses" amounts itemized, and
- Enter the totals for Columns 1 and 3 on the "Total Indirect Expenses" line item.

### **Other Expenses**

This Section includes any expenses not directly attributable to one of the above "Operating Expenses" line items.

List each "Other Expenses" item individually under this section.

- Enter the budgeted amount in Medi-Cal Nonenhanced, Column 3.
- Enter the amount from Column 3 in Column 1.

### **Total Other Expenses**

- Add all "Other Expenses" amounts itemized, and
- Enter the totals for each column on the "Total Other Expenses" line item.

### **Budget Grand Total**

- Enter the sum of the "Total Personnel Expenses," "Total Operating Expenses," "Total Capital Expenses," "Total Indirect Expenses," and "Total Other Expenses" lines in Columns 1, 2, and 3, and
- Enter the grand total for each column on the "Budget Grand Total" line item.



**Foster Care Administrative Budget Fiscal Year 2004-2005****County-City/Federal Match****County/Title XIX Federal Funds****County/City Name:** \_\_\_\_\_

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County-City/Federal (25/75)	% or FTE	Nonenhanced County-City/Federal (50/50)
<b>I. Personnel Expenses</b>							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages							
Less Salary Savings							
Net Salaries and Wages							
Staff Benefits (Specify %) 0.00%							
<b>I. Total Personnel Expenses</b>							
<b>II. Operating Expenses</b>							
1. Travel							
2. Training							
<b>II. Total Operating Expenses</b>							
<b>III. Capital Expenses</b>							
1.							
2.							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %) 0.00%							
2. External							
<b>IV. Total Indirect Expenses</b>							
<b>V. Other Expenses</b>							
1.							
2.							
<b>V. Total Other Expenses</b>							
Budget Grand Total							

Prepared By \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

CHDP Director or Deputy Director (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**Foster Care Administrative Budget Fiscal Year 2004-2005**  
**County-City/Federal Match**  
**County/Title XIX Federal Funds**  
**County/City Name: Golden**

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County-City/Federal (25/75)	% or FTE	Nonenhanced County-City/Federal (50/50)
<b>I. Personnel Expenses</b>							
1. SPHN Jones	5%	\$61,000	\$3,050	60%	\$1,830	40%	\$1,220
2. PHN II Adams	25%	\$55,420	\$13,855	85%	\$11,777	15%	\$2,078
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$16,905		\$13,607		\$3,298
Less Salary Savings							
Net Salaries and Wages			\$16,905		\$13,607		\$3,298
Staff Benefits (Specify %) 15.00%			\$2,536		\$2,041		\$495
<b>I. Total Personnel Expenses</b>			\$19,441		\$15,648		\$3,793
<b>II. Operating Expenses</b>							
1. Travel			\$500		\$200		\$300
2. Training			\$200		\$100		\$100
<b>II. Total Operating Expenses</b>			\$700		\$300		\$400
<b>III. Capital Expenses</b>							
1.							
2.							
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %) 10.00%			\$1,944				\$1,944
2. External							
<b>IV. Total Indirect Expenses</b>			\$1,944				\$1,944
<b>V. Other Expenses</b>							
1.							
2.							
<b>V. Total Other Expenses</b>							
Budget Grand Total			\$22,085		\$15,948		\$6,137

\_\_\_\_\_  
 John Smith  
 Prepared By

\_\_\_\_\_  
 May 1, 2004  
 Date

\_\_\_\_\_  
 916-555-1122  
 Phone Number

\_\_\_\_\_  
 Dr. Jane Doe  
 CHDP Director or Deputy Director (Signature)

\_\_\_\_\_  
 May 1, 2004  
 Date

\_\_\_\_\_  
 915-555-1122  
 Phone Number

## **Foster Care Administrative (County/City Match) Budget Summary Instructions**

### **I. Foster Care County/City Administrative Budget Summary**

- Transfer the dollar amount from the total amount of each line item and column of the Foster Care Administrative Budget County/City Match Worksheet to the Foster Care Administrative Budget County/City Match Summary form. Compute the amounts in the "Source of Funds" section of the budget as described below.

### **II. Source of Funds (County/City Match)**

The source of local funds for the county/city match must be identified on the budget summary and included in the budget justification narrative.

#### **A. Enhanced Funds**

- Multiply the Enhanced Budget Grand Total amount in Column 2 by 25 percent. Enter the amount on the County/City Funds line, Enhanced column, in the Source of Funds section.
- Subtract the County/City Funds amount from the Budget Grand Total in Column 2, and enter this amount on the Federal Funds line, Enhanced Column, in the Source of Funds section.

#### **B. Nonenhanced Funds**

- Multiply the Nonenhanced Budget Grand Total amount in Column 3 by 50 percent. Enter this amount on the County/City Funds line, Nonenhanced column, in Source of Funds section.
- Subtract the County/City Funds amount from the Budget Grand Total in Column 3, and enter this amount on the Federal Funds line, Nonenhanced column, of the Source of Funds section.

#### **C. Total Funds and Grand Total**

- Add the amount of State Funds in Column 1 in the Source of Funds section to the Federal Funds (Title XIX) in Column 1 in the Source of Funds section to arrive at a Grand Total.

**NOTE:** The Total Funds will equal the Enhanced plus the Nonenhanced State Funds for the State Funds line and the Enhanced plus the Nonenhanced Funds for the Federal Funds line.

The total of funding amounts entered under each column in the Source of Funds section must agree with the totals for the same column entered on the Budget Grand Total line.

**Foster Care Administrative Budget Summary Fiscal Year 2004-2005****County-City Match****County/Title XIX Federal Funds****County/City Name: Golden**

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County-City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
<b>I. Total Personnel Expenses</b>			
<b>II. Total Operating Expenses</b>			
<b>III. Total Capital Expenses</b>			
<b>IV. Total Indirect Expenses</b>			
<b>V. Total Other Expenses</b>			
<b>Budget Grand Total</b>			

Column	1	2	3
Source of Funds	Total Funds	Enhanced County-City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
<b>County-City Funds</b>			
<b>Federal Funds (Title XIX)</b>			
<b>Budget Grand Total</b>			

**Source County-City Funds:**

(Specify source of funds, e.g. county child welfare, probation, grant, etc.)

Prepared By

Date

Phone Number

CHDP Director or Deputy Director (Signature)

Date

Phone Number

**Foster Care Administrative Budget Summary Fiscal Year 2004-2005****County-City Match****County/Title XIX Federal Funds****County/City Name: Golden**

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County-City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
<b>I. Total Personnel Expenses</b>	\$19,441	\$15,648	\$3,793
<b>II. Total Operating Expenses</b>	\$700	\$300	\$400
<b>III. Total Capital Expenses</b>			
<b>IV. Total Indirect Expenses</b>	\$1,944		\$1,944
<b>V. Total Other Expenses</b>			
<b>Budget Grand Total</b>	\$22,085	\$15,948	\$6,137

Column	1	2	3
Source of Funds	Total Funds	Enhanced County-City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
<b>County-City Funds</b>	\$7,056	\$3,987	\$3,069
<b>Federal Funds (Title XIX)</b>	\$15,029	\$11,961	\$3,068
<b>Budget Grand Total</b>	\$22,085		

**Source County-City Funds:**

(Specify source of funds, e.g. county child welfare, probation, grant, etc.)

John Smith	05/01/04	916-555-1212
Prepared By	Date	Phone Number
<i>Dr. Jane Doe</i>	05/01/04	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

## **CCS Administrative Budget Information, Staffing Standards, and Caseload Instructions**

### **I. Funding for the Administrative Budget**

The State and counties share in the administrative cost of the CCS program at the local level (Health and Safety Code Section 123955 [a]).

#### **A. The county CCS program shall:**

1. Be responsible for 50 percent of the administrative cost of the county's non-Medi-Cal county caseload and the State is responsible to match the costs to the extent funds are available in the State budget (Health and Safety Code Section 123955 [e] [1]).
2. Receive reimbursement from the State for administrative cost for the county's Medi-Cal beneficiary caseload and comply with the Federal Financial Participation (FFP) requirements (see Section 9).
3. Submit by September 15 of each year for the subsequent fiscal year, the Administrative Budget Request (also known as an "application" per Health and Safety Code Section 123955 [e][2]) for the county cost of administration of the CCS program.

#### **B. The State shall:**

1. Determine the amount of state funds available for each county from the funds appropriated in the State CCS budget for CCS county administration of the non-Medi-Cal portion of the CCS caseload.
2. Review the county budget request to ensure that the county CCS program meets the minimum State administrative staffing standards. (Health and Safety Code, Section 123955 [b]).
3. Notify the county of the amount of funds to be:
  - a. Appropriated by the county for administrative costs for the non-Medi-Cal caseload, and
  - b. Provided by the State for administrative costs for case management of Medi-Cal beneficiaries.
4. Reimburse the county quarterly based upon submission of the invoice for actual administrative expenditures.

## II. CCS Staffing Standards

### A. Overview of Staffing Standards

In order to meet the Health and Safety Code, Section 123955 requirement regarding administrative costs for county CCS programs, staffing for the CCS Administrative Program must be based on staffing standards. CCS staffing standards pertain to all personnel included in the CCS Administrative Budget who are 1) directly employed by CCS, and 2) responsible for CCS program administration, operation, and implementation of State mandates in counties. Staff composition in county CCS programs will vary based on county size, CCS caseload, and county needs.

The Staffing Standards Profile was developed to allow for flexibility based on county need, to reflect the diversity of personnel requirements needed for CCS program administration/operation, and to create manageable caseloads to allow for the provision of proactive medical case management. The Staffing Standards Profile stipulates the minimum staff required in each category to manage the caseload.

The following five administrative functions/categories are included on the Staffing Standards Profile: Program Administration, Medical Case Management, Other Health Care Professionals, Ancillary Support, and Clerical and Claims Support.

**NOTE:** It is recognized that in a small county, one individual may function in several of the above categories. This will require staff time to be distributed and time studied appropriately.

### B. Using the County Staffing Profile

#### 1. CCS Independent Counties

- a. Determine the county caseload as described in III, A.
- b. Use the calculated caseload to determine the number of staff needed in each of the 5 categories on the CCS County Staffing Standards Profile.
- c. Chief Therapist or Supervising Therapist position is allocated at .20 for all counties except those with caseloads below 1,000.
- d. A county program with more than one physician shall designate a Medical Director with responsibility of coordinating medical care among the other medical consultants.
- e. The staffing standard for nurse positions is one nurse to 400 cases. The 1:400 ratio includes the following nurse functions: Medical Case Management, Concurrent Hospital Review, and Early Childhood Coordinator.

- f. Medi-Cal Managed Care and Healthy Families Liaison positions are calculated outside the 1:400 nurse to case ratio. The Medi-Cal Managed Care and Healthy Families Liaison shall be based on the number of Managed Care plans and Healthy Families plans in a county. This may be part of or equal to a full-time position. There must be a separate designated liaison for Medi-Cal Managed Care plans and Healthy Families plans.
- g. Positions for other health care professionals are allocated according to caseload using the Staffing Standards Profile (see page 6-80).
- h. Supervisory positions are calculated at a ratio of one supervisor to 10 FTE.
- i. Counties requesting a waiver of staffing below the staffing standards minimum must submit a justification for their request along with the CCS Administrative Budget.
- j. A request for staffing in the Other Health Care Professional category for medical case management services will be considered when the number of PHN FTEs exceeds six. Additional positions in the Other Health Care Professional category may be added when determined necessary and will be based on caseload using the Staffing Standards Profile.

**NOTE:** Other Health Care Professional staff requested to perform medical case management must meet the federal definition of an SPMP (See Section 9).

- k. To determine the number of staff required to implement the CCS county program responsibilities in an Independent County CCS program with a caseload below the Staffing Standards Profile, the county shall determine the percentage to be applied for CCS staffing requirements based on the lowest caseload figure of 500. To obtain the percentage to apply to the staffing standards, divide the total number of cases by 500.

Example for a county with a caseload of 300:

Divide the county caseload of 300 by the 500 caseload on the CCS Staffing Standards Profile ( $300 \div 500 = .60$  or 60 percent). The 60 percent is applied to the total number of staff in appropriate sections of the CCS Staffing Standard Profile. For example, applying 60 percent to the CCS Staffing Standards Profile for Program Administration for a caseload of 300 would provide for .3 FTE Administrative time ( $.60 \times .50 = .30$ ).

2. CCS Dependent Counties

- a. Determine the county caseload as described in III A.



- b. The staffing requirements for a Dependent County CCS program vary from that of an Independent County because the medical case management and claims processing for authorized services are the responsibility of the State CMS Branch.
- c. The staff required to carry out the Dependent County CCS program responsibilities are:
  - 1) Program Administration
  - 2) Medical Case Management: limited to Public Health Nurse staff required to perform the services identified as intensive case management activities.
  - 3) Ancillary Support: limited to Program Eligibility Technician staff responsible for determination of CCS program eligibility.
  - 4) Clerical and Claims Support: limited to clerical staff except for CCS Dependent Counties who elect to review and correct the Paid Claims Data Reports (MR-9-40, MR-9-10). These counties may add the claims support staff.
- d. To determine the number of staff required to implement the CCS county program responsibilities in a Dependent County CCS program, the following instructions apply to Program Administration, Case Management Support, and Program Support Staff.
  - 1) If the Dependent County caseload is equal to or above 500, then the staffing requirements on the CCS Staffing Standard shall be applied to the areas in 2, c, above.
  - 2) If the Dependent county caseload is below 500, then it is necessary to determine the percentage of the caseload that will be applied to the required Dependent County positions. To obtain the percentage, divide the total number of cases by 500.

Example for a county with a caseload of 300:

Divide the county caseload of 300 by the 500 caseload on the CCS Staffing Standards Profile ( $300 \div 500 = .60$  or 60 percent). The 60 percent is applied to the total number of staff in appropriate sections of the CCS Staffing Standard Profile. For example, applying 60 percent to the CCS Staffing Profile for Program Administration, the CCS county with a caseload of 300 would have, at a minimum, .3 FTE Administrator ( $.60 \times .50 = .30$ ).

- e. Determination of the percentage of time required for intensive case management functions within the CCS Dependent County by a PHN is based on the ratio of one FTE PHN per 80 cases for 15 percent of the county's CCS caseload. To calculate the percentage of FTE PHN time:

Example for a county with a caseload of 300: Determine 15 percent of the CCS caseload:  $300 \times 15 \text{ percent} = 45$ .

Divide 45 by 80, which equals .56 or 56 percent FTE PHN staff ( $45 \div 80 = .56$  or 56 percent).

C. Staffing Profile Personnel

1. Program Administration

These are staff responsible for overall program direction and/or supervision of program-wide activities. Professional staff may be budgeted in this section for performance of administrative duties when these responsibilities are reflected in the professional's position description. Examples of positions that may be charged to the administration section are as follows:

- a. Program Administrator
- b. Fiscal/Budget Management staff
- c. Administrative Assistants/Secretary
- d. Administrative staff whose time is split between program administrative responsibilities and medical (Administrative) case management.
- e. Information Technology Support staff
- f. Chief/Supervising Therapist for CCS and MTP Program Administration.
- g. Parent Liaison – This position is highly recommended but not required. Only one position (or portion of an FTE) is allocated per county.

2. Medical Case Management

- a. Staff in this section are physicians, registered nurses, physical therapists, and occupational therapists who are responsible for day-to-day CCS medical case management (MCM) activities.
- b. Staff in this section shall meet the federal definition of a "skilled medical professional" required for claiming FFP at the enhanced level for Administrative Case Management services (known in CCS as MCM). Please refer to Section 9 for the federal definition of a "skilled medical professional."
- c. MCM includes coordination of care, identification and processing of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental services requests evaluating the needs of a child/family, and identifying other resources for eligible children and their families.
- d. The MCM role includes the proactive medical case management (PCM) function of concurrent review of documents to provide authorizations for services anticipated over the next 3 - 6 months. This is a function that shall be performed by all case management personnel.
- e. The nurse staffing roles may also include the following functions:
  - **Concurrent Hospital Review** of the medical necessity of inpatient hospital stays completed by Registered Nurses (RN) located on-site at facilities where the CCS caseload supports this activity such as Children's Hospitals, University of California medical centers, and county hospital facilities. (Concurrent hospital review medical case management services may be provided at the CCS program office for those hospitals with smaller CCS caseloads. RNs must be identified as dedicated to the task of performing inpatient hospital utilization reviews based on information received via fax and/or phone.)

Responsibilities of RNs assigned to perform concurrent review of inpatient hospital stays include, but are not limited to, active participation in discharge planning, PCM, and coordination of care in the community with the CCS nursing staff designated at the local CCS program.

The number of nursing staff requested for concurrent hospital review shall be based on the number of CCS-approved inpatient tertiary facilities, expected hours of on-site assignments, and the number of CCS cases discharged from the facility.

- **Intensive Medical Case Management (ICM)** of selected cases is required to ensure optimal coordination of medical services. Children in need of ICM are best identified through use of a risk assessment tool with a numerical scale. It is recommended that counties develop an assessment tool and implement a mechanism for documentation of ICM cases. ICM responsibilities require the knowledge and skill of a RN with a PHN certificate to ensure coordination of services for children with complex medical conditions requiring coordination between providers and agencies.
- **Early Childhood Nurse Liaison** provides care coordination and liaison services to programs that serve children aged 0-3. Examples of CCS programs requiring liaison activities are the Newborn Hearing Screening Program, Medically Vulnerable Infant Program, the High Risk Infant Follow-up Program and CHDP. Early Start and the Department of Education Individual Family Service Plan (IFSP) are examples of public programs requiring care collaboration to coordinate care.

The liaison responsibilities may include technical assistance to programs, problem resolution to families and providers involved with these agencies, and care coordination of a caseload.

- **Healthy Families/Medi-Cal Managed Care Liaison** is responsible for providing ongoing technical assistance and consultation to Plans and Plan providers to resolve issues/problems; coordinating and providing authorizations for services for Healthy Families and Medi-Cal-eligible beneficiaries with CCS-eligible conditions; and coordinating training and systems development activities with state CMS staff.

- f. Therapy staff responsible for administrative Medical Case Management (MCM) of CCS eligible clients shall be listed in this section. This includes review of eligibility for inpatient rehabilitation services, appropriate durable medical equipment, etc. Therapy staff time may be split between the CCS Administrative Budget and costs charged to the MTP.

**NOTE:** FTEs for CCS employed therapists who are in authorized MTP positions that provide direct therapy services to children are funded through the diagnosis, treatment, and therapy allocations and cannot be reflected on this budget. However, the percentage of therapy staff time devoted to NON-MTP-related administrative activities are reflected on this budget.

3. Other Health Care Professionals

- a. Staffing in this category includes the following professionals who must meet the SPMP requirement stipulated in Section 9 of this manual: audiologist, speech therapist, nutritionist, social worker and dental consultant.
- b. The number of FTEs for these positions for a county is based on caseload when the number of nurse FTEs exceed six. These positions are not mandatory, but are highly recommended for administrative MCM. The need for these types of health care professionals are determined by the county.

4. Ancillary Support

- a. This category includes personnel who may be called case managers, financial eligibility workers, CCS coordinators, etc. The Staffing Standards Profile refers to case managers as Case Management Technicians and financial eligibility workers as Program Eligibility Technicians.
- b. This category includes CCS county employees, under general supervision, who are responsible for making decisions and taking action on individual CCS applicant/client services. They conduct interviews to determine financial and residential eligibility; review and take action on request for services; communicate with providers/vendors; code CCS medical records using appropriate ICD-9 (International Classification of Disease, Ninth Edition) classifications; etc.

5. Clerical and Claiming Support

- a. This category includes CCS County clerical staff working under direct supervision of Administrative or Medical Case Management staff.
- b. The program support staff duties include functions such as: processing mail; answering and directing phone calls; filing CCS records and other documents; typing assignments such as authorizations, notice of actions, appeal response, and other general program correspondence; photocopying; and performing other miscellaneous general office operation assignments.
- c. Clerical staff who provide support to the MTP shall not be charged to this portion of the budget. Transcription of the medical therapy conference reports is not accepted on the CCS administrative budget. These charges shall be reflected in quarterly CCS MTP invoices.
- d. Clerical staff charged to enhanced funding or who support staff performing intensive case management services shall have a job

description and duty statement that reflects the areas of responsibility and percent of time spent in those functions that support the skilled medical professional. Staff charged as enhanced shall also appear on the organization chart as being directly supervised by a skilled medical professional. Clerical staff supporting intensive case management services must time study appropriately for that portion of time spent in those activities.

- e. Staff with special training in the processing of medical claims to ensure appropriate payment of CCS providers/vendors.

### **III. County CCS Caseload**

Effective FY 2003-2004, the CCS Caseload Box (see sample page 6-79) added Healthy Families cases along with Medi-Cal and Non Medi-Cal CCS to appropriately reflect program participation in the caseload.

#### **A. Caseload Determination using quarterly invoices**

Caseload is determined using the average quarterly active record as reported on CCS Administrative quarterly invoices from July 1 to June 30 of the previous fiscal year, plus a method for counting potential cases for the same period. In this section, "previous year" refers to the most recent fiscal year for which actual, end of year caseload data is available. For budget purposes, counties may submit actual caseload data from a more recent 12-month period (for example, April 1 to March 31). If using a different 12-month period than the fiscal year, the CCS Caseload Summary should still reflect fiscal year data.

Potential cases represent the work required on non-open cases referred to CCS. The potential caseload shall not include cases that have been opened because these cases are already included in the active caseload.

1. Add the average open (active) caseload number for all quarterly invoices from the previous fiscal year and divide by four.
2. Determine the number of potential cases by:
  - a. An actual count of potential cases assigned a temporary number if the county CCS Program is using CMS Net, or
  - b. An actual count of potential cases if the county CCS Program has a method for assigning a temporary number when the county is not on CMS Net, or
  - c. An estimate of potential cases may be used based on the county's experience.

3. Medi-Cal

Add the average total open (average) caseload (row 1, column A) to the potential cases (row 2, column A) to get the Total Medi-Cal caseload (row 3, column A).

4. Non Medi-Cal

a. Add the average total open (active) caseload (row 4, column A) to the potential cases (row 5, column A) to get the Total Healthy Families caseload (row 6, column A). **NOTE:** If Healthy Families data are not available for one or more of the requested fiscal years, use zeros.

b. Add the average total open (active) caseload (row 7, column A) to the potential cases (row 8, column A) to get the Total Straight CCS (row 9, column A).

c. Add Total Healthy Families (row 6, column A) to the Straight CCS caseload (row 9, column A) to get the Total Non Medi-Cal caseload (row 10, column A).

5. Grand Total

Add Total Medi-Cal (row 3, column A), to Total Non Medi-Cal (row 10, column A), and place the result in row 11, column A.

6. Determine the total Medi-Cal and Non Medi-Cal percentage split:

**(NOTE:** Percentages are calculated as a percentage of the Grand Total.)

a. Medi-Cal: Divide row 3, column A, by the Grand Total in row 11, column A. The resulting percentage is placed in row 3, column B.

b. Non Medi-Cal: Divide row 10, column A by the Grand Total in row 11, column A. The resulting percentage is placed in row 10, column B.

c. The percentages in row 3, column B added to row 10, column B, will equal 100 percent.

B. Application of Caseload to Budget Year (BY)

The CCS caseload number to be used to determine the staffing requirements for the budget year are based on the last fiscal year average total CCS caseload. The caseload numbers based on the instruction in A. above are to be used in applying the CCS Staffing Standards to the minimum staff required by a county CCS program to operate its program.

- C. The percentage to be applied to the Budget Worksheets for the Medi-Cal/Non Medi-Cal split are from Total Medi-Cal (row 3, column B) and Total Non Medi-Cal (row 10, column B).

**Sample CCS Caseload Box**

		<b>A</b>	<b>B</b>
	<b>CCS Caseload 0 to 21 Years</b>	<b>Caseload</b>	<b>% of Grand Total</b>
	<b>MEDI-CAL</b>		
1	Average of Total Open (Active) Medi-Cal Children	372	48%
2	Potential Case Medi-Cal	110	14%
3	<b>TOTAL MEDI-CAL (Row 1 + Row 2)</b>	482	62%
	<b>NON MEDI-CAL</b>		
	<b>Healthy Families</b>		
4	Average of Total Open (Active) Healthy Families	18	2%
5	Potential Cases Healthy Families	5	1%
6	Total Healthy Families (Row 4 + Row 5)	23	3%
	<b>Straight CCS</b>		
7	Average of Total Open (Active) Straight CCS Children	211	27%
8	Potential Cases Straight CCS Children	64	8%
9	Total Straight CCS (Row 7 + Row 8)	275	35%
10	<b>TOTAL NON MEDI-CAL (Row 6 + Row 9)</b>	298	38%
11	<b>GRAND TOTAL (Row 3 + Row 10)</b>	780	100%



# CCS County Staffing Standards Profile

## Number of Staff by Personnel Class and Caseload

CCS Caseload	500-1000	1001-1500	1501-3000	3001-4500	4501-6000	6001-7500	7501-9000	9001-10500	10501-12000	12001-13500	13501-15000	15001-16500	16501-18000	18001-19500	19501-21000	21001-25500	80000-90000 <sup>(A)</sup>
<b>Program Administration</b>																	
Administrator	0.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Administrative Assistant Personnel	0	0	0	0.5	0.8	1.1	1.4	1.7	2.0	2.3	2.6	2.9	3.2	3.5	3.8	4.7	25-28
Information Technology Support	0.25	0.5	1.0	1.0	1.0	1.0	1.5	1.5	1.5	1.5	2.0	2.0	2.0	2.0	2.5	2.5	12-15
Parent Liaison <sup>(B)</sup>	0.5	0.5	0.75	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
<b>Medical Case Management</b>																	
Physician <sup>(C)</sup>	0.5	0.5	0.5	1.0	1.0	1.0	2.0	2.25	3.0	3.0	3-3.5	4.0	4.0	4.5	5.0	6.0	10-15
Chief Therapist	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Therapist (OT/PT)	0.125	0.25	0.5	0.75	1.0	1.25	1.75	2.0	2.25	2.5	2.75	3.0	3.25	3.5	3.75	4.5	8-10
Nurse <sup>(D, E)</sup>	1-2.5	2.5-3.7	3.7-7.5	7.5-11.25	11.25-15	15-18.75	18.75-22.5	22.5-26.25	26.25-30	30-33.75	33.75-37.5	37.5-41.25	41.25-45	45-48.75	48.75-52.5	52.5-62.5	200-225
<b>Other Health Care Professionals</b>																	
Other Health Care Professionals <sup>(F)</sup>	0	0.3	0.7	1.0	1.2	1.7	2.0	2.3	2.7	3.0	3.3	3.7	4.0	4.3	4.7	5.0	10-12
<b>Ancillary Support</b>																	
Case Management Technician	1-3	3-4	4-8	8-11	11-15	15-19	19-23	23-26	26-30	30-34	34-38	38-41	41-45	45-49	49-53	53-64	*
Program Eligibility Technician	1	1	2.0	4.0	6.0	7.5	9.0	11.0	13.0	15.0	17.0	19.0	21.0	23.0	24.0	30.0	*
<b>Clerical and Claims Support</b>																	
Clerical Personnel	1	1.5	2.0	3.0	5.0	6.0	7.0	9.0	10.0	11.0	13.0	14.0	15.0	17.0	18.0	23.0	168-189
Claims Personnel	.25	0.5	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	17.0	68-75
<b>Total FTEs</b>	<b>8.775</b>	<b>13.95</b>	<b>26.2</b>	<b>38.7</b>	<b>52.2</b>	<b>65.0</b>	<b>78.9</b>	<b>92.2</b>	<b>105.7</b>	<b>118.3</b>	<b>133.4</b>	<b>145.6</b>	<b>158.2</b>	<b>172.8</b>	<b>185.5</b>	<b>224.9</b>	<b>586.2</b>

- A. Los Angeles County
- B. The Parent Liaison position is highly recommended but not required.
- C. Counties with more than one physician position shall designate a Medical Director.
- D. Nurse staff positions are calculated by using 1 nurse to 400 caseload. The nursing allocation includes Medical Case Management, Concurrent/Utilization Review, and Early Childhood Coordinator. The nurse positions for Medi-Cal Managed Care and Healthy Families Liaison are calculated according to the number of plans in each county as outlined in Section 5.
- E. Other Health Care Professional positions are added when the number of nurse FTEs exceeds 6. The positions for administrative MCM are highly recommended but not required. These include Audiologist, Speech Therapist, Nutritionist, Social Worker, and Dental Consultant.
- F. Supervision positions for nursing are not included in the staff ratio. Minimum supervisor to nursing staff, clerical and technician staff is calculated at a 1 to 10 FTE ratio.

## CCS Administrative Budget Worksheet Instructions

Use the CCS Administrative Budget Worksheet on page 6-84. The Caseload box in the upper left corner of the worksheet must first be completed (see instructions on page 6-79).

### I. Personnel Expenses

List each funded position as a separate line item under the appropriate subcategory (Administration, Medical Case Management, Other Health Care Professionals, Ancillary Support, and Clerical and Claims Support). In addition, follow steps A – K below for each position:

- A. Column 1: Enter the FTE %.
- B. Column 2: Enter the annual full-time salary.
- C. Column 3: Multiply Column 1 by Column 2 and enter the result in Column 3.
- D. Column 4A: Enter the "Non Medi-Cal %" from the caseload box in Column 4A.
- E. Column 4: Multiply the amount in Column 3 by Column 4A and enter the results in Column 4.
- F. Column 5A: Enter the "Medi-Cal %" from the caseload box in Column 5A.
- G. Column 5: Multiply the amount in Column 3 by Column 5A and enter the result in Column 5 (Column 5 + Column 4 = Column 3).
- H. Column 6A: Enter the percentage of the total Medi-Cal dollars from Column 5 that are **enhanced**. The amount in this column shall be supported by time study documentation for each staff position.
- I. Column 6: Multiply the amount in Column 5 by the percentage in Column 6A and enter the result in Column 6.
- J. Column 7A: Enter the percentage of the total Medi-Cal dollars from Column 5 that are **not enhanced** (% in Column 7A + % in Column 6A = 100%).
- K. Column 7: Multiply the amount in Column 5 by the percentage in Column 7A and enter the result in Column 7 (Column 6 + Column 7 = total in Column 5). The amount in Column 7 shall be supported by time study documentation for each staff position.

**Staff Benefits** – This line item under "Personnel Expenses" requires special instructions as follows:

- If your county uses an **actual** staff benefits amount, enter this amount in column 3 on the "Staff Benefits" line **or**

- If your county uses an **approved staff benefits percentage rate** to calculate these costs, multiply the amount in Column 3 on the "Net Salaries and Wages" line by your county's approved percentage rate and enter the product in Column 3 on the "Staff Benefits" line.
  1. From the "Net Salaries and Wages" line, divide the amount in Column 4 by the amount in Column 3 to calculate the overall percentage of Non-Medi-Cal "Personnel Expenses."
  2. From the "Net Salaries and Wages" line, divide the amount in Column 6 by the amount in Column 3 to arrive at the percentage of enhanced salary costs. Multiply this percentage by the amount in Column 3 on the "Staff Benefits" line. Enter this amount in Column 6 on the "Staff Benefits" line.
  3. From the "Net Salaries and Wages" line, divide the amount in Column 7 by the amount in Column 3 to arrive at the percentage of nonenhanced salary costs. Multiply this percentage by the amount in Column 3 on the "Staff Benefits" line. Enter this amount in Column 7 on the "Staff Benefits" line.
  4. Add Columns 6 and 7 to get Column 5. Divide the amount in Column 5 by the amount in Column 3 to calculate the overall percentage of Medi-Cal personnel expense costs. This percentage will usually be the same as the Medi-Cal % in the Caseload Box.

## II. Operating Expenses

- A. For "Travel" and "Training" line items under "Operating Expenses," repeat steps under "Personnel Expenses," above.
- B. Multiply the amount in Column 3 by the "Non-Medi-Cal Percent" from the "Caseload" box. Enter this amount in Column 4.
- C. Subtract Column 4 from Column 3 and enter the result in Column 5 and 7 (except for training and travel which can be enhanced).

**III. Capital Expenses**

- A. Multiply the amount in Column 3 by the "Non-Medi-Cal Percent" from the "Caseload" box. Enter this amount in Column 4.
- B. Subtract Column 4 from Column 3 and enter the result in Column 5 and 7 (except for training and travel which can be enhanced).

**IV. Indirect Expenses**

- A. Multiply the amount in Column 3 by the "Non-Medi-Cal Percent" from the "Caseload" box. Enter this amount in Column 4.
- B. Subtract Column 4 from Column 3 and enter the result in Column 5 and 7 (except for training and travel which can be enhanced).

**V. Other Expenses**

- A. For the "Maintenance and Transportation" line item under "Other Expenses":
  - 1. Average the amount of funds spent on Maintenance and Transportation over the last 3 budget years and add 10 percent to determine the budget total in Column 3, or
  - 2. Use actual expenditures from the previous year.
  - 3. Follow the steps identified in B below
- B. For all other line items under Other Expenses:
  - 1. Multiply the amount in Column 3 by the Non-Medi-Cal Percent from the Caseload Box. Enter this amount in Column 4.
  - 2. Subtract Column 4 from Column 3 and enter the result in Column 5 and 7.

**VI. Budget Grand Total**

Add the amounts shown for "Total Personnel Expenses," "Total Operating Expenses," "Total Capital Expenses," "Total Indirect Expenses," and "Total Other Expenses" in each column. Enter the total for each column on the "Budget Grand Total" line.

CCS CASELOAD	Actual Caseload	Percent of Grand Total
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
<b>TOTAL MEDI-CAL</b>		
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children		
Potential Cases HF		
<b>Total Healthy Families</b>		
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
<b>Total Straight CCS</b>		
<b>TOTAL NON MEDI-CAL</b>		
<b>GRAND TOTAL</b>		

## CCS Administrative Budget Worksheet

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
<b>I. Personnel Expense</b>											
Program Administration											
Subtotal											
Medical Case Management											
Subtotal											
Other Health Care Professionals											
Subtotal											
Ancillary Support											
Subtotal											
Clerical and Claims Support											
Subtotal											

CCS CASELOAD	Actual Caseload	Percent of Grand Total
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
<b>TOTAL MEDI-CAL</b>		
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children		
Potential Cases HF		
<b>Total Healthy Families</b>		
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
<b>Total Straight CCS</b>		
<b>TOTAL NON MEDI-CAL</b>		
<b>GRAND TOTAL</b>		

## CCS Administrative Budget Worksheet

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Total Salary and Wages												
Less Salary Savings												
Net Salary and Wages												
Staff Benefits (Specify %) 0.00%												
<b>I. Total Personnel Expense</b>												
<b>II. Operating Expense</b>												
1. Travel												
2. Training												
<b>II. Total Operating Expense</b>												
<b>III. Capital Expense</b>												
<b>II. Total Capital Expense</b>												
<b>IV. Indirect Expense</b>												
1. Internal												
2. External												
<b>IV. Total Indirect Expense</b>												
<b>V. Other Expense</b>												
1. Maintenance and Transportation												
<b>V. Total Other Expense</b>												
<b>Budget Grand Total</b>												

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS Administrator (Signature) \_\_\_\_\_

Date Signed \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS CASELOAD	Actual Caseload	Percent of Grand Total
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
<b>TOTAL MEDI-CAL</b>	650	70%
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
<b>Total Healthy Families</b>	23	3%
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
<b>Total Straight CCS</b>	255	27%
<b>TOTAL NON MEDI-CAL</b>	278	30%
<b>GRAND TOTAL</b>	928	100%

## CCS Administrative Budget Worksheet

County Name: Golden

Fiscal Year: 2004-2005

Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
<b>I. Personnel Expense</b>											
Program Administration											
1. CCS Administrator	100%	\$38,028	\$38,028	30%	\$11,408	70%	\$26,620			100%	\$26,620
2. Program Coordinator	50%	\$28,334	\$14,167	30%	\$4,250	70%	\$9,917			100%	\$9,917
3. Analyst	20%	\$39,397	\$7,879	30%	\$2,363	70%	\$5,518			100%	\$5,518
Subtotal		\$105,759	\$60,074		\$18,021		\$42,053				
Medical Case Management											
1. Medical Consultant	17%	\$89,507	\$15,216	30%	\$4,565	70%	\$10,651	90%	\$9,586	10%	\$1,065
2. PHN	100%	\$49,754	\$49,754	30%	\$14,926	70%	\$34,828	85%	\$29,604	15%	\$5,224
3. PHN	75%	\$47,780	\$35,835	30%	\$10,750	70%	\$25,085	85%	\$21,322	15%	\$3,763
Subtotal		\$187,041	\$100,805		\$30,241		\$70,5584		\$60,512		\$10,052
Other Health Care Professionals											
Subtotal											
Ancillary Support											
1. Eligibility Worker I	100%	\$25,887	\$25,887	30%	\$7,766	70%	\$18,121			100%	\$18,121
2. Eligibility Worker I	100%	\$25,887	\$25,887	30%	\$7,766	70%	\$18,121			100%	\$18,121
3. Eligibility Worker I	100%	\$25,887	\$25,887	30%	\$7,766	70%	\$18,121			100%	\$18,121
Subtotal		\$77,661	\$77,661		\$23,298		\$54,383				\$54,363
Clerical and Claims Support											
1. Senior Office Assistant	10%	\$28,206	\$2,821	30%	\$846	70%	\$1,975	85%	\$1,679	15%	\$296
2. Office Assistant	100%	\$22,562	\$22,562	30%	\$6,769	70%	\$15,793			100%	\$15,793
3. Fiscal Assistant	70%	\$27,375	\$19,162	30%	\$5,749	70%	\$13,413			100%	\$13,413
Subtotal		\$78,143	\$44,545		\$13,364		\$31,181		\$1,679		\$29,502

Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
Total Salary and Wages			\$283,085		\$84,924	70%	\$198,161		\$62,191		\$135,970
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salary and Wages			\$283,085		\$84,924		\$198,161		\$62,191		\$135,970
Staff Benefits (Specify %)	32.00%		\$90,587		\$27,176		\$63,411		\$19,898		\$43,513
<b>I. Total Personnel Expense</b>			\$373,672		\$112,100		\$261,572		\$82,089		\$179,483
<b>II. Operating Expense</b>											
1. Travel			\$10,000	30%		70%	\$7,000	85%	\$5,950	100%	\$1,050
2. Training			\$2,500	30%		70%	\$1,750	85%	\$1,487	100%	\$263
3. Communication			\$4,500	30%		70%	\$3,150			100%	\$3,150
4. Office Supplies			\$9,150	30%		70%	\$6,405			100%	\$6,405
5. Reproduction Services			\$2,300	30%		70%	\$1,610			100%	\$1,610
6. Janitorial			\$5,600	30%		70%	\$3,920			100%	\$3,920
7. Office Furniture/Modular			\$28,934	30%		70%	\$20,254			100%	\$20,254
8. Rents/Lease			\$6,000	30%		70%	\$4,200			100%	\$4,200
<b>II. Total Operating Expense</b>			\$68,984				\$48,289		\$7,437		\$40,852
<b>III. Capital Expense</b>											
<b>II. Total Capital Expense</b>											
<b>IV. Indirect Expense</b>											
1. Internal			\$7,860	30%		70%	\$5,502			100%	\$5,502
2. External			\$4,509	30%		70%	\$3,156			100%	\$3,156
<b>IV. Total Indirect Expense</b>			\$12,369				\$8,658				\$8,658
<b>V. Other Expense</b>											
1. Maintenance and Transportation			\$10,000	30%		70%	\$7,000			100%	\$7,000
2. Information Technology Consultant			\$5,000	30%		70%	\$3,500			100%	\$3,500
3. Translation Services			\$5,000	30%		70%	\$3,500			100%	\$3,500
<b>V. Total Other Expense</b>			\$20,000				\$14,000				\$14,000
<b>Budget Grand Total</b>			\$475,025				\$332,519		\$89,526		\$242,993

John Smith  
Prepared By

May 1, 2004  
Date Prepared

916-555-2222  
Phone Number

Dr. Jane Doe  
CCS Administrator (Signature)

May 2, 2004  
Date Signed

916-555-1111  
Phone Number



## **CCS Administrative Budget Summary Instructions**

### **I. CCS Administrative Budget Summary**

Transfer total amounts from the budget worksheets for Personnel Expenses, Operating Expenses, Capital Expenses, and Other Expenses, and transfer the "Budget Grand Total" lines for each column to the CCS Administrative Budget Summary Form. See page 6-88 for the CCS Administrative Budget Summary Form and a completed example.

### **II. Source of Funds Instructions**

This section displays the funding sources for the CCS Administrative Budget and serves as a control for the expenditure of funds for the local program.

#### **A. Non-Medi-Cal Funds**

- Multiply the amount in Column 2 on the "Budget Grand Total" line by 50 percent and enter this amount in Column 2 on the "Source of Funds" line titled "State General Funds.
- Multiply the amount in Column 2 on the "Budget Grand Total" line by 50 percent, and enter the amount in the "Source of Funds" section, Non-Medi-Cal column, on the County Funds line.

#### **B. Enhanced Funds**

- Multiply the amount in Column 4 on the "Budget Grand Total" line by 25 percent and enter this amount in Column 4 on the "Source of Funds" line titled "Medi-Cal State."
- Multiply the Enhanced, Column 4 "Budget Grand Total" amount by 75 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the Federal Funds line.

#### **C. Non-Enhanced Funds**

- Multiply the amount in Column 5 on the "Budget Grand Total" line by 50 percent and enter this amount in Column 5 on the "Source of Funds" line titled "Medi-Cal State."
- Multiply the Nonenhanced, Column 5, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the Federal Funds line.

D. Total Medi-Cal Funds

- Add amounts from Columns 4 and 5 for each category and source of funds and enter totals in Column 3 "Total Medi-Cal".

E. Total Budget

- Add amounts across in Columns 2 and 3 for each of the four lines under "Source of Funds" and enter these totals in Column 1. The sum of these amounts equals "Budget Grand Total" in Column 1.

<b>CCS CASELOAD</b>	Actual Caseload	Percent of Grand Total
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
<b>TOTAL MEDI-CAL</b>		
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children		
Potential Cases HF		
<b>Total Healthy Families</b>		
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
<b>Total Straight CCS</b>		
<b>TOTAL NON MEDI-CAL</b>		
<b>GRAND TOTAL</b>		

## CCS Administrative Budget Summary

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Column	1	2	3	4	5
Category/Line Item	Total Budget	Non-Medi-Cal County/State (50/50)	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense					
II. Total Operating Expense					
III. Total Capital Expense					
IV. Total Indirect Expense					
V. Total Other Expense					
<b>Budget Grand Total</b>					

Column	1	2	3	4	5
Source of Funds	Total Budget	Non-Medi-Cal County/State (50/50)	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>State General Funds</b>					
<b>County Funds</b>					
<b>Medi-Cal Funds:</b>					
State					
Federal (Title XIX)					

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS Administrator (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

<b>CCS CASELOAD</b>	<b>Actual Caseload</b>	<b>Percent of Grand Total</b>
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
<b>TOTAL MEDI-CAL</b>	<b>650</b>	<b>70%</b>
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
<b>Total Healthy Families</b>	<b>23</b>	<b>3%</b>
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
<b>Total Straight CCS</b>	<b>255</b>	<b>27%</b>
<b>TOTAL NON MEDI-CAL</b>	<b>278</b>	<b>30%</b>
<b>GRAND TOTAL</b>	<b>928</b>	<b>100%</b>

## CCS Administrative Budget Summary

County Name: Golden

Fiscal Year: 2004-2005

Column	1	2	3	4	5
Category/Line Item	Total Budget	Non-Medi-Cal County/State (50/50)	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>I. Total Personnel Expense</b>	\$373,672	\$112,100	\$261,572	\$82,089	\$179,483
<b>II. Total Operating Expense</b>	\$68,984	\$20,695	\$48,289	\$7,437	\$40,852
<b>III. Total Capital Expense</b>	\$0	\$0	\$0		\$0
<b>IV. Total Indirect Expense</b>	\$12,369	\$3,711	\$8,658		\$8,658
<b>V. Total Other Expense</b>	\$20,000	\$6,000	\$14,000		\$14,000
<b>Budget Grand Total</b>	<b>\$475,025</b>	<b>\$142,506</b>	<b>\$332,519</b>	<b>\$89,526</b>	<b>\$242,993</b>

Column	1	2	3	4	5
Source of Funds	Total Budget	Non-Medi-Cal County/State (50/50)	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>State General Funds</b>	\$71,253	\$71,253			
<b>County Funds</b>	\$71,253	\$71,253			
<b>Medi-Cal Funds:</b>					
<b>State</b>	\$143,879		\$143,879	\$22,382	\$121,497
<b>Federal (Title XIX)</b>	\$188,640		\$143,879	\$67,144	\$121,496

John Smith

Prepared By

Dr. Jane Doe

CCS Administrator (Signature)

May 1, 2004

Date Prepared

May 1, 2004

Date

916-555-2222

Phone Number

916-555-1111

Phone Number

## **CCS Medical Therapy Program Claims Preparation Budget Information**

### **I. General Information**

**NOTE:** These budget instructions supersede those given in CCS Numbered Letter 40-1094.

The CCS Medical Therapy Program (MTP) Claims Preparation Budget is required for a county to receive reimbursement for expenditures in the preparation of Medi-Cal claims for Medical Therapy Unit (MTU) therapy services provided at a MTU/Certified Outpatient Rehabilitation Center (OPRC) to CCS clients who are Medi-Cal beneficiaries, full-scope, no share of cost. The purpose of the budget is to capture the costs incurred in the preparation of Medi-Cal claims and claims prepared for non Medi-Cal clients for the purpose of data collection.

Funding for the MTP claims preparation shall be 50/50 between the State General Fund and the county CCS program for claims prepared for Medi-Cal beneficiaries. Claims prepared for non Medi-Cal beneficiaries receiving services through the MTP are completed to gather data. The cost for preparation of these claims submitted through the Department of Health Services (DHS), fiscal intermediary, Electronic Data Systems (EDS) is funded with State General Funds.

County programs may contract with an outside billing service, establish an in-house manual billing system using standard Medi-Cal provider claim forms, or utilize electronic billing based on software available through a number of vendors (a list can be obtained from EDS).

The MTP Claims Preparation Budget must include a budget justification narrative describing the claiming methodology that will be utilized (i.e., in-house manual claiming, billing service) and, if applicable, the number of in-house staff that will be required for the operation of the system.

### **II. Source of Funds Explanation**

Costs incurred in the preparation of Medi-Cal claims are split equally between the county and State for Medi-Cal beneficiaries, full-scope, no share of cost. Costs for claims preparation for non Medi-Cal MTP clients is funded with State General Funds. The MTP Claims Preparation Budget shall be used strictly for the purpose of claims preparation. Consequently, only staff directly involved in claims preparation will be approved.

## CCS Medical Therapy Program Claims Preparation Budget Instructions

The MTP Claims Preparation Budget Form and sample can be found on page 6-98. The "Caseload" box shall reflect the county's total Medi-Cal and Non-Medi-Cal MTP caseload. Only one page is required. Provide the number of Certified OPRCs that are in the county.

Line item definitions and guidelines are the same as those used for other CMS budgets and are explained in detail starting on page 6-6.

### I. Personnel Expenses

In this section, list each funded position in the category as a separate line item. Only positions related to claims preparation may be budgeted. In addition, for each line item:

- A. Enter the FTE in Column 1 and the annual full-time salary in Column 2. Multiply Column 1 by Column 2 and enter this amount in Column 3.
- B. Staff may appear on more than one CMS and/or county budget, but under no circumstances may the same person be budgeted an aggregate FTE in excess of 100 percent.

Staff Benefits must be calculated using the same method, either actual or approved Staff Benefits percentage rate, as used to calculate Staff Benefits for the CCS Administrative Budget.

### II. Operating Expenses

- A. **No travel or training will be approved on this budget.** It is anticipated that neither travel nor training is necessary to meet the program needs of this budget.
- B. Enter total amount in Column 3, "Total Budget".

### III. Capital Expenses, Indirect Expenses, And Other Expenses

For all other line items under capital expenses, indirect expenses, and other expenses:

- A. Enter Contract Expenses under Other Expenses. See page 6-9.
- B. Enter total amounts for each line item in Column 3, Total Budget.

**IV. Budget Grand Total**

Add Total Personnel Expenses, Total Operating Expenses, Total Capital Expenses, Total Indirect Expenses, and Total Other Expenses for each column. Enter the total for each column on the Budget Grand Total line.

**V. Source of Funds**

Multiply the "Budget Grand Total" by the percentage of the Medi-Cal caseload. Multiply this amount by 50 percent and enter that amount in the Medi-Cal State General Funds line. Enter the same amount in the County funds line.

Multiply the Budget Grand Total by the percentage of the Non Med-Cal caseload and enter that amount in the State General Funds line of the Non Medi-Cal caseload Source of Funds.

Add the State General Funds in the Med-Cal Caseload Source of Funds with the State General Funds in the Non Med-Cal Caseload Source of Funds and enter the total in the line "Total State General Funds".

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Medical Therapy Program Caseload		
Type	Actuals	%
<b>NON MEDI-CAL</b>		
Healthy Families		
Straight CCS		
<b>Total Non Medi-Cal</b>		
<b>MEDI-CAL</b>		
<b>TOTAL</b>		

## Medical Therapy Program Claims Preparation Budget

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Number of Certified Outpatient Rehabilitation Units in County: \_\_\_\_

Column	1	2	3	4A	4	5A	5
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Medi-Cal State (100%)	% FTE	Medi-Cal State/County (50/50)
<b>I. Personnel Expense</b>							
1.							
2.							
Total Salaries and Wages							
Less Salary Savings							
Net Salaries and Wages							
Staff Benefits (Specify %)	0.00%						
<b>I. Total Personnel Expense</b>							
<b>II. Operating Expense</b>							
1.							
2.							
<b>II. Total Operating Expense</b>							
<b>III. Capital Expense</b>							
1.							
2.							
<b>II. Total Capital Expense</b>							
<b>IV. Indirect Expense</b>							
1. Internal (Specify %)	0.00%						
2. External (Specify %)	0.00%						
<b>IV. Total Indirect Expense</b>							
<b>V. Other Expense</b>							
1.							
2.							
<b>V. Total Other Expense</b>							
<b>Budget Grand Total</b>							

<b>Source of Funds</b>							
<b>Medi-Cal Caseload (State/County 50/50)</b>							
State General Funds (1)							
County Funds							
<b>Non-Medi-Cal Caseload (State 100%)</b>							
State General Funds (2)							
<b>Total State General Funds (1 + 2)</b>							

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Medical Therapy Program Caseload		
Type	Actuals	%
<b>NON MEDI-CAL</b>		
Healthy Families	25	
Straight CCS	273	
<b>Total Non Medi-Cal</b>	298	20%
<b>MEDI-CAL</b>	1,192	80%
<b>TOTAL</b>	1,490	100%

## Medical Therapy Program Claims Preparation Budget

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Number of Certified Outpatient Rehabilitation Centers in County: \_\_\_\_

Column	1	2	3	4A	4	5A	5
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Medi-Cal State (100%)	% FTE	Medi-Cal State/County (50/50)
<b>I. Personnel Expense</b>							
1.	50%	\$26,554	\$13,277	20%	\$2,655	80%	\$10,622
2.							
Total Salaries and Wages			\$13,277		\$2,655		\$10,622
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$13,277		\$2,655		\$10,622
Staff Benefits (Specify %) 0.00%			\$4,116		\$823		\$3,293
<b>I. Total Personnel Expense</b>			\$17,393		\$3,478		\$13,915
<b>II. Operating Expense</b>							
1.							
2.							
<b>II. Total Operating Expense</b>							
<b>III. Capital Expense</b>							
1.			\$4,518	0%	\$904	1%	\$3,614
2.			\$1,130	0%	\$226	1%	\$904
<b>II. Total Capital Expense</b>			\$5,648		\$1,130		\$4,518
<b>IV. Indirect Expense</b>							
1. Internal (Specify %) 0.00%							
2. External (Specify %) 0.00%							
<b>IV. Total Indirect Expense</b>							
<b>V. Other Expense</b>							
1.							
2.							
<b>V. Total Other Expense</b>							
<b>Budget Grand Total</b>			\$23,041		\$4,608		\$18,433

Source of Funds							
<b>Medi-Cal Caseload (State/County 50/50)</b>							
State General Funds (1)			\$9,216				\$9,216
County Funds			\$9,217				\$9,217
<b>Non-Medi-Cal Caseload (State 100%)</b>							
State General Funds (2)			\$4,608		\$4,608		
<b>Total State General Funds (1 + 2)</b>			\$13,824				

John Smith  
Prepared By

May 1, 2004  
Date Prepared

916-555-1111  
Phone Number

Dr. Jane Doe  
Approved By

May 1, 2004  
Date

916-555-2222  
Phone Number

## **HPCFC Budget Information and Staffing Guidelines**

### **I. Budget Information**

The State Budget Act of 1999 appropriated State General Funds to the California Department of Social Services for the purpose of increasing the use of public health nurses in meeting the health care needs of children in foster care. These funds were transferred to the State Department of Health Services for distribution through the CHDP program in the form of a fiscal augmentation to operate the HPCFC.

- A. State General funds are matched through the federal Medicaid (XIX) program for administrative activities in support of the Medicaid program (Medi-Cal in California) and therefore must be used for activities that are administrative case management functions.
- B. Funds for this program are not to supplant public health nurse (PHN) positions in local programs that provide administrative case management services to children in foster care unless the PHN to child ratio is less than 1:200.
- C. The required annual administrative budget and quarterly expenditure invoices are prepared and submitted by local CHDP programs in accordance with CMS Budget instructions and guidelines (see Section 8).
- D. Program administrative oversight for the HPCFC PHNs is provided by the local CHDP program. PHNs funded by the HPCFC are hired by the local health department and physically located at local child welfare agency and probation department offices.
- E. State General Funds are distributed to local programs based on caseload data from the Child Welfare System/Case Management System (CWS/CMS), maintained by the California Department of Social Services (CDSS).
- F. The caseload data reflect the annual monthly average of children and probation youth in out of home placement, or foster care, supervised by the County and placed in the County from other counties.
- G. The local HPCFC Administrative budgets should reflect the total Public Health Nurse (PHN) and Supervising PHN (SPHN) FTE staffing obtainable with the allocation of State General funds as matched through Federal Financial Participation.
- H. The budget has three line items, Personnel, Operating and Indirect Expenses.
  - 1. Personnel Expenses are limited to PHNs and SPHNs who meet the federal definition of Skilled Professional Medical Personnel (SPMP). (see Section 9).

2. Operating Expenses to support the PHNs and SPHNs are limited to travel and training. Space and computer access are provided by the child welfare agency.
  3. Internal Indirect Expenses are capped at 10 percent of the total cost of the budgeted personnel. External Indirect Expenses are not allowed on the HCPCFC Budget. (**see Section 6, page 108**)
  4. Total expenses are not to exceed the amount of State General funds allocated to the CHDP program for implementation and operation of the HCPCFC.
- I. If a local program determines it is necessary to request additional funds for staff who perform administrative case management activities in support of children in out-of-home placement and whose positions were previously on a CHDP Administrative Budget, an optional Foster Care Administrative Budget County/City Match may be submitted. **See Section 6, page 127.** A statement identifying the source of local funds is required (e.g. county child welfare, probation, grant, etc).

## **II. Staffing Guidelines**

- A. PHNs implementing the Health Care Program for Children in Foster Care are to be located on site at the child welfare services agency and probation department. PHNs funded by the HCPCFC are dedicated personnel and participate with the social worker/probation officer in the development of health care plan located in the child's case record. In collaboration with the child's social worker/probation officer, PHNs plan and coordinate health care services for children in out-of-home placement in accordance with the PHN responsibilities and program activities outlined in the model interdepartmental HCPCFC MOU and Scope of Work (see Section 11).
- B. The administrative activities of the PHN include Informing and Linking; Care Coordination; Orientation and Training with Caseworkers, Probation Officers, Foster Care Providers, Health Care Providers, Officers Of The Court and Others; and Liaison Functions.
1. Informing and Linking activities focus on promoting knowledge of the need for preventive health services; how to access services; and the need to maintain a link to health care services provided through the Child Health and Disability Prevention (CHDP) and Medi-Cal programs. The PHN collaborates with a multi-disciplinary team of health care professionals, community providers and agencies, and understands the principles of child health promotion and nursing care of children with special needs.
  2. Care Coordination activities focus on ensuring appropriate health services are accessed; assisting with the health plan as a part of the case plan; providing follow up to maintain continuity of care; providing consultation to the foster care team members, and assisting with the maintenance of the child's Health and Education Passport. PHNs need knowledge and

experience in primary and secondary care in order to assure children in out-of-home placement obtain necessary health care services.

3. Orientation and Training activities focus on the provision of health and medical information to the foster care team as it relates to the special health needs of the child in foster care. The PHN serves as a consultant to social workers; probation officers; biological and substitute care providers, and health care providers.
4. Liaison activities focus on coordinating and problem solving with CHDP program staff, health care providers, community agencies, and transitional programs to ensure the continued effective and appropriate use of the Medi-Cal program; coordinating with county/city social services programs, Independent Living Skills Program; coordinating with other county/city public health department (PHD) programs and social services programs such as the following:
  - California Children's Services (CCS)
  - Schools
  - Regional Center
  - Mental and Behavioral Health programs
  - Immunization
  - Childhood Lead Poisoning Prevention
  - Maternal and Child Health (MCH)
  - Women's, Infants, and Children (WIC)
  - Child Health and Disability Prevention (CHDP)
- C. For children in foster care placed out of the supervising county of residence, the PHN will work with the Foster Care PHN in the county of placement to locate and arrange for needed health care services.
- D. PHNs working in the HCPCFC require professional nursing supervision. The HCPCFC established ratio is one (1) SPHN FTE to every ten (10) FTEs of PHN, 1:10.

## HCPFC Budget Worksheet Instructions (State/Federal Match)

### I. Personnel Expenses

List as a separate line item each funded position by incumbent name and classification. For each line item complete the following columns:

**1A. Percentage or Full Time Equivalent (FTE):** Enter the annualized FTE in Column 1A, i.e., percentage of time to be spent on program activities during the budget fiscal year for each position listed under "Personnel Expenses."

Formula: Time base multiplied by number of months to be worked in fiscal year divided by number of months in year equals FTE.

Example: Employee works one day per week (1/5 time) for six months out of 12 months (6/12); Formula:  $1/5 \times 6/12 = 6/60 = 1/10$  FTE or .10.

**NOTE:** The totals of Columns 2A plus 3A must equal 100%. The totals of Column 2 plus 3 must equal the total of Column 1.

**1B. Annual Salary:** Enter in Column 1B, the annual full time salary for each position listed under "Personnel Expenses."

1. Total Budget

- Multiply each entry in Column 1A, "% FTE", by the corresponding entry in Column 1B, "Annual Salary", and
- Enter the amount in Column 1 "Total Budget." (Column 2 plus Column 3 must equal this amount.)

#### 2/2A. Percentage of FTE/Enhanced (25/75)

- Enter in Column 2A, "% FTE", the portion of annualized FTE to be spent on eligible enhanced program activities for each position listed.
- Multiply the amount in Column 1, "Total Budget" by the percent of FTE in Column 2A, "% FTE", and
- Enter the amount in Column 2, Enhanced.

#### 3/3A. Percentage of FTE/Nonenhanced (50/50)

- Enter in Column 3A, the portion of annualized FTE to be spent on eligible nonenhanced program activities for each position listed.
- Multiply the amount in Column 1, "Total Budget" by the FTE in Column 3A, and
- Enter the amount in Column 3, Nonenhanced.

### **Total Salaries and Wages**

- Add the "Salaries and Wages" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Salary and Wages" line item.

### **Less Salary Savings**

- "Salary Savings" **cannot** be claimed on this budget.

### **Net Salaries and Wages**

- Re-enter the balance of each column on the line entitled "Net Salaries and Wages."

### **Staff Benefits**

- Multiply the approved county/city staff benefits percentages by the "Net Salaries and Wages " in Columns 1,2, and 3, and enter the amount on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

### **Total Personnel Expenses**

- Add the "Staff Benefits" amounts in each column (1,2, and 3) to the "Net Salaries and Wages " in each column, and
- Enter the total of each column on the "Total Personnel Expenses" line item.

## **III. Operating Expenses**

- Travel. (includes per diem, commercial auto rental, motor pool, air travel and private vehicle mileage, etc.), and
- Training.
- Documents related to these expenses are to be maintained on file by the local program in accordance with the FFP Guidelines, Section 9.

#### **IV. Capital Expenses**

- "Capital Expenses" **cannot** be claimed on this budget.

#### **V. Indirect Expenses**

**Indirect expenses are limited to a maximum of 10 percent of Personnel Expenses.**

**External** – "External Indirect Expenses" cannot be claimed on this budget.

**NOTE:** Public Health Nurses working in the HCPCFC are located in the local offices of child welfare services or departments of probation. External Indirect Expenses are not incurred by local health departments.

**Internal** – Internal Indirect Expenses is limited to 10% of the Total Personnel Expenses for this budget. Any departmental overhead costs, which are allocated, must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87".

- Enter the amount of Internal Indirect Expenses on the appropriate line in Column 3.
- Enter the amounts from Column 3 for each line in Column 1.

**NOTE:** When calculating indirect expenses for Title XIX funding, apply the nonenhanced (50/50) rate to all qualified expenses in Column 3, regardless of whether personnel expenses are enhanced or nonenhanced.

#### **Total Indirect Expenses**

Enter the total for Columns 1 and 3 on the "Total Indirect Expenses" line item.

#### **VI. Other Expenses**

"Other Expenses" cannot be claimed on this budget.

#### **Budget Grand Total**

- Enter the sum of the "Total Personnel Expenses," "Total Operating Expenses," and "Total Indirect Expenses" lines in each Column (1,2, and 3), and
- Enter the grand total for each column on the "Budget Grand Total" line item.



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**HCPFCF Administrative Budget Worksheet****Fiscal Year 2004-2005****County/City Name:** \_\_\_\_\_

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages							
Less Salary Savings							
Net Salaries and Wages							
Staff Benefits (Specify %) 0.00%							
<b>I. Total Personnel Expenses</b>							
<b>II. Operating Expenses</b>							
1. Travel							
2. Training							
<b>II. Total Operating Expenses</b>							
<b>III. Capital Expenses</b>							
1.							
2.							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses (10% Cap)</b>							
1. Internal (Specify %) 0.00%							
2. External							
<b>IV. Total Indirect Expenses</b>							
<b>V. Other Expenses</b>							
1.							
2.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>							

Prepared By \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

CHDP Director or Deputy Director (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**HCPFC Administrative Budget Worksheet**  
**Fiscal Year 2004-2005**  
**County/City Name: \_\_\_\_\_**

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>							
1. SPHN Jones	10%	\$61,000	\$6,100	60%	\$3,660	40%	\$2,440
2. PHN Adams	75%	\$55,420	\$41,565	85%	\$35,330	15%	\$6,235
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$47,665		\$38,990		\$8,675
Less Salary Savings							
Net Salaries and Wages			\$47,665		\$38,990		\$8,675
Staff Benefits (Specify %) 0.00%			\$7,150		\$5,849		\$1,301
<b>I. Total Personnel Expenses</b>							\$9,976
<b>II. Operating Expenses</b>							
1. Travel			\$700		\$500		\$200
2. Training			\$300		\$250		\$50
<b>II. Total Operating Expenses</b>			\$1,000		\$750		\$250
<b>III. Capital Expenses</b>							
1.							
2.							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses (10% Cap)</b>							
1. Internal (Specify %) 0.00%			\$5,481				\$5,481
2. External							
<b>IV. Total Indirect Expenses</b>			\$5,481				\$5,481
<b>V. Other Expenses</b>							
1.							
2.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			\$61,296		\$45,589		\$15,707

John Smith  
 Prepared By

May 1, 2004  
 Date

916-555-1122  
 Phone Number

Dr. Jane Doe  
 CHDP Director or Deputy Director (Signature)

May 1, 2004  
 Date

916-555-1122  
 Phone Number

## **HPCFC Administrative Budget Summary Instructions**

### **I. HPCFC Administrative Budget Summary**

Transfer the dollar amount from the total amount of each line item and column of the HPCFC Administrative Budget Worksheet to the HPCFC Administrative Budget Summary form. Compute the amounts in the "Source of Funds" section of the budget as described below.

### **II. Source of Funds**

#### **A. Enhanced Funds**

- Multiply the Enhanced "Budget Grand Total" amount in Column 2 by 25 percent. Enter the amount on the "State Funds" line, Enhanced column, in the "Source of Funds" section.
- Multiply the Enhanced Column 2 "Budget Grand Total" amount by 75 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the Federal Funds line.

#### **B. Nonenhanced Funds**

- Multiply the Nonenhanced "Budget Grand Total" amount (Column 3) by 50%. Enter this amount on the "State Funds" line, Nonenhanced column, in "Source of Funds" section.
- Multiply the Nonenhanced, Column 3, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the Federal Funds line.

#### **C. Total Funds and Grand Total**

- Add the amount of State Funds in Column 1 in the Source of Funds section to the Federal Funds (Title XIX) in Column 1 in the Source of Funds section to arrive at a Grand Total.

**NOTE:** The Total Funds will equal the Enhanced plus the Nonenhanced State Funds for the State Funds line and the Enhanced plus the Nonenhanced Funds for the Federal Funds line.

The total of funding amounts entered under each column in the Source of Funds section must agree with the totals for the same column entered on the Budget Grand Total line.

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**HCPFC Administrative Budget Summary****Fiscal Year 2004-2005****County/City Name:** \_\_\_\_\_

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>I. Total Personnel Expenses</b>			
<b>II. Total Operating Expenses</b>			
<b>III. Total Capital Expenses</b>			
<b>IV. Total Indirect Expenses</b>			
<b>V. Total Other Expenses</b>			
<b>Budget Grand Total</b>			

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>State Funds</b>			
<b>Federal Funds (Title XIX)</b>			
<b>Budget Grand Total</b>			

Prepared By	Date	Phone Number
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CHDP Director or Deputy Director (Signature)	Date	Phone Number
--	------	--------------

**HPCFC Administrative Budget Summary**  
**Fiscal Year 2004-2005**  
**County/City Name: Golden**

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$54,815	\$44,839	\$9,976
II. Total Operating Expenses	\$1,000	\$750	\$250
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$5,481		\$5,481
V. Total Other Expenses			
<b>Budget Grand Total</b>	<b>\$61,296</b>	<b>\$45,589</b>	<b>\$15,707</b>

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>State Funds</b>	\$19,251	\$11,397	\$7,854
<b>Federal Funds (Title XIX)</b>	\$42,045	\$34,192	\$7,853
<b>Budget Grand Total</b>	<b>\$61,296</b>		

John Smith	May 1, 2004	916-555-1212
Prepared By	Date	Phone Number
<i>Dr. Jane Doe</i>	May 1, 2004	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

## **CMS Budget Revision General Information**

### **I. Policies for CMS Budget Revisions**

All requests for budget revisions must be submitted to the Regional Office Administrative Consultant/Analyst no later than six months (December 31) after the end of the fiscal year. Budget revision requests received after December 31 for the previous fiscal year will not be accepted. A budget revision worksheet, summary, **and** a budget revision justification narrative are required whenever the county/city anticipates:

- A. The original approved funding total will be exceeded (e.g., over expenditure due to an increase in caseload, need for special equipment, etc.)
- B. The original approved funding total will be decreased by at least 10 percent (e.g., under expended due to unexpected decreases in caseload, inability to fill position, inability to purchase equipment, etc.)
- C. Any permanent change in overall FTE during the fiscal year period.
- D. Any change in staff composition (e.g., a vacant RN position that will be refilled as a clerk position)
- E. A transfer of funds between enhanced and nonenhanced funding sources, even when there is no adjustment of the line item dollar amount
- F. A transfer of more than \$10,000 among any of the five budget line items (e.g., Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses). *Transfers of less than \$10,000 per budget and fiscal year may be made without prior State approval. A Budget Revision Worksheet, Summary and a Budget Justification Narrative are still required for all changes.*
- G. Transfer of funds into the Capital Expenses line item.
- H. For CCS budgets, a shift in caseload mix of Medi-Cal and non-Medi-Cal claims of greater than 10 percent.
- I. For the CCS Program Administrative Budget, if the county match increases, a new Certificate of County Appropriation is required.

The Budget Revision Justification Narrative must include:

- The total dollar amount for each budget line item by category and reason for change.
- The dollar amount for each line item changed within the budget category.
- Explanation of need for revision.



**NOTE:** If the revision includes expenditures not indicated in the approved budget, explanation of the new expenditure and the need is required.

**II. Equipment Purchases**

Purchases of equipment (Capital Expenses) require written justification and State approval prior to authorization of State funds for equipment purchases. Submit County/City Capital Expenses Justification Form.

## **CHDP Administrative Budget Revision Instructions (No County/City Match)**

### **I. CHDP Administrative Budget Revision (No County/City Match)**

- A. Complete the heading, entering the number of the budget revision; e.g., the first revision of the approved budget for the fiscal year would be number 1.
- B. In Column 1, **Approved Budget**:
- Copy the amounts from Column 1 of the last approved budget or budget revision:
1. All the amounts in each budget line item (Total Personnel Expenses, Total Operating Expenses, etc.) even though there is no adjustment in the line items.
  2. The total amounts for all line item (Budget Grand Total).
- C. In Column 2, **Revision Amount**:
1. Enter the amount of adjustment (positive or [negative]) for each line item. Use parentheses around a number to indicate a negative number.
  2. Enter "0" in the line items with no adjustment.
- D. In Column 3, **Revised Budget**:
- Enter the proposed total budget amounts (Column 1 plus or minus Column 2).
- E. In Column 4, **Revised CHDP Budget**:
- Enter the proposed total CHDP amount for each line item.
- F. In Column 5, **Revised Medi-Cal Budget**:
- Enter the proposed total Medi-Cal amount for each line item.
- G. In Column 6, **Enhanced State/Federal (25/75)**:
- Enter the amount of Personnel and Operating Expenses (travel and training) only to be allocated to program activities eligible for **enhanced** Medi-Cal funding.
- H. In Column 7, **Nonenhanced State/Federal (50/50)**:
- Enter the amount to be allocated to program activities eligible for **nonenhanced** Medi-Cal funding.
- NOTE:** The totals of Column 6 and 7 must equal Column 5. The totals of Column 5 and 4 must equal Column 3.

- I. **Total Expenditures:** Add the totals for each Column and enter the amounts on the Total Expenditures lines.

**The total amount of county/city funds and the amounts of Title XIX Federal Funds authorized in the initial approved CHDP budget cannot be exceeded without specific written authorization.**

CHDP Administrative Budget Revision Number: \_\_\_\_

No County/City Match

CHDP State Funds and Medi-Cal State/Federal Funds

County/City Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Column	1	2	3	4	5	6	7
Category/Line Item	Approved Budget	Revision Amount	Revised Budget (1 + 2)	Revised CHDP Budget	Revised Medi-Cal Budget (6 + 7)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses							
II. Total Operating Expenses							
III. Total Capital Expenses							
IV. Total Indirect Expenses							
V. Total Other Expenses							
Budget Grand Total							

Column	3	4	5	6	7
Source of Funds	Total Revision Funds	Total CHDP *	Total Medi-Cal **	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds					
Medi-Cal Funds:					
State					
Federal (Title XIX)					

\* Total must not exceed State non-Medi-Cal (100% State Funds) allocation.

\*\* Total State and Federal Funds must not exceed Medi-Cal allocation.

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CHDP Director or Deputy Director (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**CHDP Administrative Budget Revision Number: \_1\_  
 No County/City Match  
 CHDP State Funds and Medi-Cal State/Federal Funds  
 County/City Name: Golden  
 Fiscal Year: 2004-2005**

Column	1	2	3	4	5	6	7
Category/Line Item	Approved Budget	Revision Amount	Revised Budget (1 + 2)	Revised CHDP Budget	Revised Medi-Cal Budget (6 + 7)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>I. Total Personnel Expenses</b>	\$49,713	\$2,459	\$52,172	\$8,990	\$43,182	\$8,869	\$34,3
<b>II. Total Operating Expenses</b>	\$13,494	(\$2,459)	\$11,035	\$2,412	\$8,623	\$1,106	\$7,5
<b>III. Total Capital Expenses</b>	\$0	\$0	\$0	\$0	\$0		
<b>IV. Total Indirect Expenses</b>	\$3,275	\$0	\$3,275	\$482	\$2,793		\$2,7
<b>V. Total Other Expenses</b>	\$0	\$0	\$0	\$0	\$0		
<b>Budget Grand Total</b>	\$66,482	\$0	\$66,482	\$11,884	\$54,598	\$9,975	\$44,6

Column	3	4	5	6	7
Source of Funds	Total Revision Funds	Total CHDP *	Total Medi-Cal **	Enhanced State/Federal	Nonenhanced State/Federal
<b>State General Funds</b>	\$11,884	\$11,884			
<b>Medi-Cal Funds:</b>			\$54,598		
<b>State</b>	\$24,805		\$24,805	\$2,494	\$22,311
<b>Federal (Title XIX)</b>	\$29,793		\$29,793	\$7,481	\$22,312

\* Total must not exceed State non-Medi-Cal (100% State Funds) allocation.

\*\* Total State and Federal Funds must not exceed Medi-Cal allocation.

John Smith  
 Prepared By

May 1, 2004  
 Date Prepared

916-555-1212  
 Phone Number

Dr. Jane Doe  
 CHDP Director or Deputy Director (Signature)

May 1, 2004  
 Date

916-555-1122  
 Phone Number

**CHDP Administrative Budget Revision Instructions**  
**(County/City Match)**

I. Complete the heading, entering the number of the budget revision, e.g., the first revision of the approved budget for the fiscal year would be number 1.

II. In Column 1, **Approved Budget**:

Copy from Column 1 of the last approved budget or budget revision:

1. All the line item amounts in each budget category (Total Personnel Expenses, Total Operating Expenses, etc.) even though there is no adjustment in the line items.
2. The total amount for all line items (Budget Grand Total).

III. In Column 2, **Revision Amount**:

3. Enter the amount of adjustment (positive or [negative]) for each line item to be revised. Use parentheses around a number to indicate a negative number.
4. Enter "0" in the line items with no adjustments.

IV. In Column 3, **Revised Budget**:

Enter the proposed total budget amounts (Column 1 plus or minus Column 2).

V. In Column 4, **Enhanced County/Federal (25/75)**

Enter only the amount of Personnel and Operating Expenses (travel and training) to be allocated to program activities eligible for **enhanced** Medi-Cal funding (Title XIX Federal).

VI. In Column 5, **Nonenhanced County/Federal (50/50)**

Enter the amounts to be allocated to program activities eligible for **nonenhanced** Medi-Cal funding (Title XIX Federal).

**NOTE:** That totals of Columns 4 and 5 must equal Column 3.

VII. Add the totals for each Column, and enter the amounts of the Total Expenditures lines.

**The total amount of county/city funds and the amounts of Title XIX Federal Funds authorized in the initial approved CHDP budget cannot be exceeded without specific written authorization.**

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**CHDP Administrative Budget Revision Number: \_\_\_\_**  
**County/City Match**  
**County/City Funds and Title XIX Federal Funds**  
**County/City Name: \_\_\_\_\_**  
**Fiscal Year: \_\_\_\_\_**

Column	1	2	3	4	5
Category/Line Item	Approved Budget	Revision Amount	Revised Budget (1 + 2 or 4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense					
II. Total Operating Expense					
III. Total Capital Expense					
IV. Total Indirect Expense					
V. Total Other Expense					
Budget Grand Total					

Source of Funds	Total Revision Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds			
Federal Funds (Title XIX)			

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
CHDP Director or Deputy Director (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number



**CHDP Administrative Budget Revision Number: \_1\_\_**  
**County/City Match**  
**County/City Funds and Title XIX Federal Funds**  
**County/City Name: Golden**  
**Fiscal Year: 2004-2005**

Column	1	2	3	4	5
Category/Line Item	Approved Budget	Revision Amount	Revised Budget (1 + 2 or 4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>I. Total Personnel Expenses</b>	\$46,948	(\$3,541)	\$43,407	\$34,750	\$8,657
<b>II. Total Operating Expenses</b>	\$4,000	\$4,000	\$8,000	\$900	\$7,100
<b>III. Total Capital Expenses</b>	\$0	\$0	\$0		\$0
<b>IV. Total Indirect Expenses</b>	\$6,139	(\$459)	\$5,680		\$5,680
<b>V. Total Other Expenses</b>	\$0	\$0	\$0		\$0
<b>Budget Grand Total</b>	\$57,087	\$0	\$57,087	\$35,650	\$21,437

Source of Funds	Total Revision Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
<b>County Funds</b>	\$19,631	\$8,913	\$10,718
<b>Federal Funds (Title XIX)</b>	\$37,456	\$26,737	\$10,719

John Smith  
 Prepared By

May 1, 2004  
 Date Prepared

916-555-1212  
 Phone Number

Dr. John Doe  
 CHDP Director or Deputy Director (Signature)

May 1, 2004  
 Date

916-555-1122  
 Phone Number

## HCPCFC Budget Revision Instructions

### HCPCFC Budget Revision Summary Page

- I. Complete the heading, entering the number of the budget revision; e.g., the first revision of the approved budget for the fiscal year would be number 1.
- II. In Column 1, **Approved Budget**:  
  
Copy amounts from Column 1 of the last approved budget or budget revision:
  - A. All the line item amounts in each budget category (Total Personnel Expenses, Total Operating Expenses, etc.) even though there is no adjustment in the line items.
  - B. The total amounts for all line items. (Budget Grand Total)
- III. In Column 2, **Revision Amount**:
  - A. Enter the amount of adjustment (positive or [negative]) for each line item to be revised.
  - B. Enter "0" in the line items with no adjustments.
- IV. In Column 3, **Revised Budget**:  
  
Enter the proposed total budget amounts (Column 1 plus or minus Column 2).
- V. In Column 4, **Enhanced State/Federal (25/75)**:  
  
Enter the amount of Personnel and Operating Expenses (travel and training) only to be allocated to program activities eligible for enhanced Medi-Cal funding.
- VI. In Column 5, **Nonenhanced State/Federal (50/50)**:  
  
Enter the amount to be allocated to program activities eligible for nonenhanced federal funding (Title XIX).  
  
**NOTE:** The totals of Columns 4 and 5 must equal Column 3.
- VII. **Total Expenditures:** Add the totals for each Column, and enter the amounts on the Total Expenditures lines.  
  
**The total amount of county/city funds and the amounts of Title XIX Federal Funds authorized in the initial approved CHDP budget cannot be exceeded without specific written authorization.**

HCPCFC Budget Revision requests must include the worksheet, summary and a Budget Justification Narrative.

HCPCFC Administrative Budget Revision Number \_\_\_\_

State/Federal Match

State Funds and Title XIX Federal Funds

County/City Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Column	1	2	3	4	5
Category/Line Item	Approved Budget	Revision Amount	Revised Budget (1 + 2 or 4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses					
II. Total Operating Expenses					
III. Total Capital Expenses					
IV. Total Indirect Expenses					
V. Total Other Expenses					
Budget Grand Total					

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds			
Federal Funds (Title XIX)			

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CHDP Director or Deputy Director (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**HCPFC Administrative Budget Revision Number \_1\_****State/Federal Match****State Funds and Title XIX Federal Funds****County/City Name: Golden****Fiscal Year: 2004-2005**

Column	1	2	3	4	5
Category/Line Item	Approved Budget	Revision Amount	Revised Budget (1 + 2 or 4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>I. Total Personnel Expenses</b>	\$30,000	\$5,000	\$35,000	\$26,250	\$8,750
<b>II. Total Operating Expenses</b>	\$8,000	(\$5,000)	\$3,000	\$2,250	\$750
<b>III. Total Capital Expenses</b>					
<b>IV. Total Indirect Expenses</b>	\$3,000	\$0	\$3,000		\$3,000
<b>V. Total Other Expenses</b>					
<b>Budget Grand Total</b>	\$41,000	\$0	\$41,000	\$28,500	\$12,500

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>State Funds</b>	\$13,375	\$7,125	\$6,250
<b>Federal Funds (Title XIX)</b>	\$27,625	\$21,375	\$6,250

John Smith

Prepared By

May 1, 2004

Date Prepared

916-555-1212

Phone Number

Dr. Jane Doe

CHDP Director or Deputy Director (Signature)

May 1, 2004

Date

916-555-1122

Phone Number

## **Foster Care Administrative County/City Match Budget Revision Instructions**

### **Foster Care Budget Revision Summary Page**

- I. Complete the heading, entering the number of the budget revision, e.g., the first revision of the approved budget for the fiscal year would be number 1.
- II. In Column 1, **Approved Budget:**  
  
Copy from Column 1 of the last approved budget or budget revision:
  1. All the line item amounts in each budget category (Total Personnel Expenses, Total Operating Expenses, etc.) even though there is no adjustment in the line items.
  2. The total amount for all line items (Budget Grand Total).
- III. In Column 2, **Revision Amount:**
  1. Enter the amount of adjustment (positive or [negative]) for each line item to be revised. Use parentheses around a number to indicate a negative number.
  2. Enter "0" in the line items with no adjustments.
- IV. In Column 3, **Revised Budget:**  
  
Enter the proposed total budget amounts (Column 1 plus or minus Column 2).
- V. In Column 4, **Enhanced County-City/Federal (25/75)**  
  
Enter only the amount of Personnel and Operating Expenses (travel and training) to be allocated to program activities eligible for **enhanced** Medi-Cal funding (Title XIX Federal).
- VI. In Column 5, **Nonenhanced County-City/Federal (50/50)**  
  
Enter the amounts to be allocated to program activities eligible for **nonenhanced** Medi-Cal funding (Title XIX Federal).  
  
**NOTE:** That totals of Columns 4 and 5 must equal Column 3.
- VII. Add the totals for each Column, and enter the amounts of the Total Expenditures lines.  
  
**The total amount of county/city funds and the amounts of Title XIX Federal Funds authorized in the initial approved CHDP budget cannot be exceeded without specific written authorization.**

Foster Care Budget Revision requests must include the worksheet, summary and a Budget Justification Narrative.

**Foster Care Administrative Budget Revision Number 1**  
**County/City Match**  
**County/City Funds and Title XIX Federal Funds**  
**County/City Name: Golden**  
**Fiscal Year: 2003-2004**

Column	1	2	3	4	5
Category/Line Item	Approved Budget	Revision Amount	Revised Budget (1 + 2 or 4 + 5)	Enhanced County- City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
I. Total Personnel Expense					
II. Total Operating Expense					
III. Total Capital Expense					
IV. Total Indirect Expense					
V. Total Other Expense					
Budget Grand Total					

Source of Funds	Total Revision Funds	Enhanced County- City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
County-City Funds			
Federal Funds (Title XIX)			
Budget Grand Total			

Prepared By

Date Prepared

Phone Number

CHDP Director or Deputy Director (Signature)

Date

Phone Number

**Foster Care Administrative Budget Revision Number 1**  
**County/City Match**  
**County/City Funds and Title XIX Federal Funds**  
**County/City Name: Golden**  
**Fiscal Year: 2003-2004**

Column	1	2	3	4	5
Category/Line Item	Approved Budget	Revision Amount	Revised Budget (1 + 2 or 4 + 5)	Enhanced County- City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
<b>I. Total Personnel Expense</b>	\$35,000	(\$5,000)	\$30,000	\$24,250	\$5,750
<b>II. Total Operating Expense</b>	\$6,000	\$5,000	\$11,000	\$4,500	\$6,500
<b>III. Total Capital Expense</b>	\$15,000	\$0	\$15,000		\$15,000
<b>IV. Total Indirect Expense</b>	\$1,200	\$0	\$1,200		\$1,200
<b>V. Total Other Expense</b>	\$1,500	\$0	\$1,500		\$1,500
<b>Budget Grand Total</b>	\$58,700	\$0	\$58,700	\$28,750	\$29,950

Source of Funds	Total Revision Funds	Enhanced County- City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
<b>County-City Funds</b>	\$22,163	\$7,188	\$14,975
<b>Federal Funds (Title XIX)</b>	\$36,537	\$21,562	\$14,975
<b>Budget Grand Total</b>	\$58,700		

\_\_\_\_\_  
 John Smith  
 Prepared By

\_\_\_\_\_  
 May 1, 2004  
 Date Prepared

\_\_\_\_\_  
 916-555-4741  
 Phone Number

\_\_\_\_\_  
*Dr. Jane Doe*  
 CHDP Director or Deputy Director (Signature)

\_\_\_\_\_  
 May 1, 2004  
 Date

\_\_\_\_\_  
 916-555-4742  
 Phone Number

## CCS Administrative Budget Revision Instructions

### Budget Revision Summary Page

- I. Complete the heading, entering the number of the budget revision; e.g., the first revision of the approved budget for the fiscal year would be revision Number 1.
- II. In Column 1 **Approved Budget**:  
  
Copy from Column 1 of the last approved budget or budget revision:
  - A. All the line amounts in each budget category (Total Personnel Expenses, Total Operating Expenses, etc.) even if there is no adjustment for a specific line item.
  - B. The total amounts for all categories (Total Expenditures).
- III. In Column 2, **Revisions**:
  - A. Enter the amount of adjustment (positive or [negative]) for each line item to be revised. Use parentheses around a number to indicate a negative number.
  - B. Enter "0" in the line items with no adjustments.
- IV. In Column 3, **Revised Budget**:  
  
Enter the proposed total budget amounts (Column 1 plus or minus Column 2.)
- V. In Column 4, **CCS Non-Medi-Cal, County/State**:  
  
Multiply the Non-Medi-Cal percentage of open records by each amount in Column 3, and enter the amount for each line in Column 4.
- VI. Calculate the total amount available for Medi-Cal reimbursement by subtracting the amount entered in Column 4 for each line from the amount entered in Column 3 and enter in Column 5.
- VII. In Column 6, **Medi-Cal, Enhanced, State/Federal**:  
  
Enter the amount allocated to program activities eligible for **enhanced** Medi-Cal funding.
- VIII. In Column 7, **Nonenhanced Funding**:  
  
Enter the amount allocated to program activities eligible for nonenhanced Medi-Cal funding.
- IX. Add totals from Column 6 and 7 and enter amounts in Column 5.  
  
**NOTE:** The totals of Columns 4, 5, and must equal Column 3.



X. **Total Expenditures:**

Add the totals for each Column, and enter the amounts on the Total Expenditures lines.

**CCS Revision requests must include the worksheet, summary and a Budget Revision Justification Narrative.**

<b>CCS CASELOAD</b>	<b>Actual Caseload</b>	<b>Percent of Grand Total</b>
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
<b>TOTAL MEDI-CAL</b>		
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children		
Potential Cases HF		
<b>Total Healthy Families</b>		
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
<b>Total Straight CCS</b>		
<b>TOTAL NON MEDI-CAL</b>		
<b>GRAND TOTAL</b>		

**CCS Administrative Budget Revision Summary**

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Revision Number: \_\_\_\_

<b>Column</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Category/Line Item</b>	<b>Approved Budget</b>	<b>Revisions</b>	<b>Revised Budget</b>	<b>Non-Medi-Cal County/State (50/50)</b>	<b>Total Medi-Cal State/Federal</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Nonenhanced State/Federal (50/50)</b>
<b>I. Total Personnel Expense</b>							
<b>II. Total Operating Expense</b>							
<b>III. Total Capital Expense</b>							
<b>IV. Total Indirect Expense</b>							
<b>V. Total Other Expense</b>							
<b>Budget Grand Total</b>							

<b>Column</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Source of Funds</b>	<b>Approved Budget</b>	<b>Revisions</b>	<b>Revised Budget</b>	<b>Non-Medi-Cal County/State (50/50)</b>	<b>Total Medi-Cal State/Federal</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Nonenhanced State/Federal (50/50)</b>
<b>State General Funds</b>							
<b>County Funds</b>							
<b>Medi-Cal Funds:</b>							
<b>State</b>							
<b>Federal (Title XIX)</b>							

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS Administrator (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

<b>CCS CASELOAD</b>	<b>Actual Caseload</b>	<b>Percent of Grand Total</b>
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
<b>TOTAL MEDI-CAL</b>	<b>650</b>	<b>70%</b>
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
<b>Total Healthy Families</b>	<b>23</b>	<b>3%</b>
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
<b>Total Straight CCS</b>	<b>255</b>	<b>27%</b>
<b>TOTAL NON MEDI-CAL</b>	<b>278</b>	<b>30%</b>
<b>GRAND TOTAL</b>	<b>928</b>	<b>100%</b>

**CCS Administrative Budget Revision Summary****County Name: Golden****Fiscal Year: 2004-2005****Revision Number: 3**

<b>Column</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Category/Line Item</b>	<b>Approved Budget</b>	<b>Revisions</b>	<b>Revised Budget</b>	<b>Non-Medi-Cal County/State (50/50)</b>	<b>Total Medi-Cal State/Federal</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Nonenhanced State/Federal (50/50)</b>
<b>I. Total Personnel Expense</b>	\$124,784	(\$5,015)	\$119,768	\$35,404	\$48,364	\$35,907	\$48,457
<b>II. Total Operating Expense</b>	\$8,600	\$5,910	\$14,519	\$4,211	\$10,308	\$2,474	\$7,834
<b>III. Total Capital Expense</b>	\$0						
<b>IV. Total Indirect Expense</b>	\$22,461	(\$903)	\$21,558	\$6,252	\$15,306		\$15,306
<b>V. Total Other Expense</b>	\$1,500	\$0	\$1,500	\$435	\$1,065		\$1,065
<b>Budget Grand Total</b>	<b>\$157,345</b>	<b>\$0</b>	<b>\$157,345</b>	<b>\$46,302</b>	<b>\$111,043</b>	<b>\$38,381</b>	<b>\$72,662</b>

<b>Column</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Source of Funds</b>	<b>Approved Budget</b>	<b>Revisions</b>	<b>Revised Budget</b>	<b>Non-Medi-Cal County/State (50/50)</b>	<b>Total Medi-Cal State/Federal</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Nonenhanced State/Federal (50/50)</b>
<b>State General Funds</b>	\$23,151		\$23,151	\$23,151			
<b>County Funds</b>	\$23,151		\$23,151	\$23,151			
<b>Medi-Cal Funds:</b>							
<b>State</b>	\$45,926		\$45,926		\$45,926	\$9,595	\$36,331
<b>Federal (Title XIX)</b>	\$64,117		\$65,117		\$65,117	\$28,786	\$36,331

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS Administrator (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children		
Potential Cases HF		
Total Healthy Families		
Straight CCS		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
Total Straight CCS		
TOTAL NON MEDI-CAL		
GRAND TOTAL		

CCS Administrative Budget Revision

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Revision Number: \_\_\_\_\_

Column	1	2	3	4	5	6	7
Category/Line Item	Approved Budget	Revisions	Revised Budget	Non-Medi-Cal County/State (50/50)	Total Medi-Cal State/Federal	Medi-Cal Enhanced State/Federal (25/75)	Medi-Cal Nonenhanced State/Federal (50/50)
I. Personnel Expense							
Program Administration							
Employee Name and Title							
Employee Name and Title							
Employee Name and Title							
Employee Name and Title							
Subtotal							
Medical Case Management							
Employee Name and Title							
Employee Name and Title							
Subtotal							
Other Health Care Professionals							
Subtotal							
Ancillary Support							
Employee Name and Title							
Subtotal							
Clerical and Claims Support							
Employee Name and Title							
Employee Name and Title							
Subtotal							

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children		
Potential Cases HF		
Total Healthy Families		
Straight CCS		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
Total Straight CCS		
TOTAL NON MEDI-CAL		
GRAND TOTAL		

CCS Administrative Budget Revision

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Revision Number: \_\_\_\_\_

Total Salary and Wages							
Less Salary Savings							
Net Salary and Wages							
Staff Benefits (Specify %) 0.00%							
I. Total Personnel Expense							
II. Operating Expense							
1. Travel							
2. Training							
3. Office Space							
4. Communications							
5. Equipment Lease							
6. Space Rental							
II. Total Operating Expense							
III. Capital Expense							
II. Total Capital Expense							
IV. Indirect Expense							
1. Internal							
2. External							
IV. Total Indirect Expense							
V. Other Expense							
1. Maintenance and Transportation							
V. Total Other Expense							
Budget Grand Total							

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS Administrator (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS CASELOAD	Actual Caseload	Percent of Grand Total
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
<b>TOTAL MEDI-CAL</b>	650	70%
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
<b>Total Healthy Families</b>	23	3%
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
<b>Total Straight CCS</b>	255	27%
<b>TOTAL NON MEDI-CAL</b>	278	30%
<b>GRAND TOTAL</b>	928	100%

## CCS Administrative Budget Revision

County Name: Golden

Fiscal Year: 2004-2005

Revision Number: 3

Column	1	2	3	4	5	6	7
Category/Line Item	Approved Budget	Revisions	Revised Budget	Non-Medi-Cal County/State (50/50)	Total Medi-Cal State/Federal	Medi-Cal Enhanced State/Federal (25/75)	Medi-Cal Nonenhanced State/Federal (50/50)
<b>I. Personnel Expense</b>							
Program Administration							
Employee Name and Title	\$1,495	(\$300)	\$3,894	\$1,130	\$2,765		\$2,765
Employee Name and Title	\$4,521	(\$500)	\$4,021	\$1,166	\$2,855		\$2,855
Employee Name and Title	\$5,780	(\$3,000)	\$2,780	\$806	\$1,974		\$1,974
Employee Name and Title	\$5,048	(\$1,200)	\$3,848	\$1,116	\$2,732		\$2,732
Subtotal	\$19,544	(\$5,000)	\$14,544	\$4,218	\$10,326		\$10,326
Medical Case Management							
Employee Name and Title	\$33,806	\$0	\$33,806	\$9,804	\$24,002	\$20,402	\$3,600
Employee Name and Title	\$11,268	\$0	\$11,268	\$3,268	\$8,000	\$6,800	\$1,200
Subtotal	\$45,074	\$0	\$45,074	\$13,072	\$32,002	\$27,202	\$4,800
Other Health Care Professionals							
Subtotal							
Ancillary Support							
Employee Name and Title	\$18,346	\$900	\$19,246	\$5,581	\$13,665		\$13,665
Subtotal	\$18,346	\$900	\$19,246	\$5,581	\$13,665		\$13,665
Clerical and Claims Support							
Employee Name and Title	\$3,707	\$0	\$3,707	\$1,075	\$2,632		\$2,632
Employee Name and Title	\$7,862	\$300	\$8,162	\$2,367	\$5,795		\$5,795
Subtotal	\$11,569	\$300	\$11,869	\$3,442	\$8,427		\$8,427

CCS CASELOAD	Actual Caseload	Percent of Grand Total
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
<b>TOTAL MEDI-CAL</b>	650	70%
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
<b>Total Healthy Families</b>	23	3%
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
<b>Total Straight CCS</b>	255	27%
<b>TOTAL NON MEDI-CAL</b>	278	30%
<b>GRAND TOTAL</b>	928	100%

## CCS Administrative Budget Revision

County Name: Golden

Fiscal Year: 2004-2005

Revision Number: 3

Total Salary and Wages	\$94,533	(\$3,800)	\$90,733	\$26,313	\$64,420	\$27,202	\$37,218
Less Salary Savings	\$0						
Net Salary and Wages	\$94,533	(\$3,800)	\$90,733	\$26,313	\$64,420	\$27,202	\$37,218
Staff Benefits (Specify %)	0.00%	\$30,251	(\$1,216)	\$29,035	\$9,091	\$19,944	\$8,705
<b>I. Total Personnel Expense</b>	<b>\$124,784</b>	<b>(%5,016)</b>	<b>\$119,768</b>	<b>\$35,404</b>	<b>\$84,364</b>	<b>\$35,907</b>	<b>\$48,457</b>
<b>II. Operating Expense</b>							
1. Travel	\$2,200	\$700	\$2,900	\$841	\$2,059	\$1,750	\$306
2. Training	\$700	\$500	\$1,200	\$348	\$852	\$724	\$128
3. Office Space	\$1,500	\$2,750	\$4,250	\$1,233	\$3,017		\$3,017
4. Communications	\$1,200	(\$231)	\$969	\$281	\$688		\$688
5. Equipment Lease	\$1,500	\$1,200	\$2,700	\$783	\$1,917		\$1,917
6. Space Rental	\$1,500	\$1,000	\$2,500	\$725	\$1,775		\$1,775
<b>II. Total Operating Expense</b>	<b>\$8,600</b>	<b>\$5,919</b>	<b>\$14,519</b>	<b>\$4,211</b>	<b>\$10,308</b>	<b>\$2,474</b>	<b>\$7,834</b>
<b>III. Capital Expense</b>							
<b>II. Total Capital Expense</b>							
<b>IV. Indirect Expense</b>							
1. Internal	\$9,983	(\$401)	\$9,582	\$2,779	\$6,803		\$6,803
2. External	\$12,478	(\$502)	\$11,976	\$3,473	\$8,503		\$8,503
<b>IV. Total Indirect Expense</b>	<b>\$22,461</b>	<b>(\$903)</b>	<b>\$21,558</b>	<b>\$6,252</b>	<b>\$15,306</b>		<b>\$15,306</b>
<b>V. Other Expense</b>							
1. Maintenance and Transportation	\$1,500	\$0	\$15,000	\$435	\$1,065		\$1,065
<b>V. Total Other Expense</b>	<b>\$1,500</b>	<b>\$0</b>	<b>\$15,000</b>	<b>\$435</b>	<b>\$1,065</b>		<b>\$1,065</b>
<b>Budget Grand Total</b>	<b>\$157,345</b>	<b>\$0</b>	<b>\$157,345</b>	<b>\$46,302</b>	<b>\$111,043</b>	<b>\$38,381</b>	<b>\$72,662</b>

Prepared By

Date Prepared

Phone Number

CCS Administrator (Signature)

Date

Phone Number

### **Sample Budget Revision Justification Narrative**

**(A budget justification narrative must be included with all budget revision requests along with the Budget Revision Worksheet and Budget Summary.)**

1. Personnel expenses total \$119,768. Personnel expenses were decreased by \$5,016 from the originally approved \$124,784 because of PHN vacancies in the program.
2. Operating Expenses total \$14,519. In addition to the explanation contained in the original budget narrative, Operating Expenses were increased by \$5,919 as follows:
  - a. Travel Expenses – includes an increase of \$700 to \$2,900 to account for the actual mileage driven to attend meetings and perform program activities.
  - b. Training – includes an increase of \$500 to \$1,200 to account for more than expected tuition and registration costs for program training.
  - c. Office Supplies – includes an increase of \$2,750 to \$4,250 to account for actual costs for production of pamphlets and letters for providers, clients, schools, and community agencies.
  - d. Communications – includes a decrease of \$231 for unused costs.
  - e. Equipment lease – includes an increase of \$1,200 to \$2,700 for actual costs incurred for leasing/maintenance of copier/fax.
  - f. Space Rental – includes an increase of \$1,000 to \$2,500 for costs for additional space acquired.
3. Indirect Expenses total \$21,558. Indirect Expenses were decreased by \$903. These funds will be unused and redirected to Operating Expenses category as noted in 2. Above.